TEXAS DEPARTMENT OF STATE HEALTH SERVICES
CENTER FOR HEALTH STATISTICS

Health Care Information

USER MANUAL

TEXAS HOSPITAL INPATIENT DISCHARGE
PUBLIC USE DATA FILE (PUDF)
Base Data #1 File, Base Data #2 File
Charges File, and Facility Type Indicator File

2011

BACKGROUND

The Texas Health Care Information Council (THCIC) was created by Chapter 108 of the Texas Health and Safety Code (THSC) and was responsible, under Sections 108.011 through 108.0135, for collecting hospital discharge data from all state licensed hospitals except those that are statutorily exempt from the reporting requirement. Exempt hospitals include those located in a county with a population less than 35,000, or those located in a county with a population more than 35,000 and with fewer than 100 licensed hospital beds and not located in an area that is delineated as an urbanized area by the United States Bureau of the Census (Section 108.0025). Exempt hospitals also include hospitals that do not seek insurance payment or government reimbursement (Section 108.009). THCIC became part of the Texas Department of State Health Services (DSHS) effective September 1, 2004 and the DSHS Center for Health Statistics is now responsible for the collection and release of hospital discharge data.

PUBLIC USE DATA FILE (PUDF)

Section 108.011(a) and 108.012 of the THSC requires DSHS to provide public use data for computer-to-computer access. It also permits DSHS to charge the data requestor a standard fee for using the Public Use Data File (PUDF). The PUDF contains patient-level information for inpatient hospital stays. These data are extracted from DSHS's Hospital Discharge Database (HDD).

The PUDF Base Data File is split into two (2) Base Data files for 2011 due to the addition of the 25 diagnosis present on admission indicator codes (POA) and the 10 POA indicators for the external cause of injury codes. Base Data #1 File contains the required data elements. Base Data #2 File contains most of the situationally required data elements and some calculated fields. The Record ID allows for linking the files together.

The Facility Type Indicator File is also included. This contains 10 variables including the THCIC ID and facilitiy name and variables indicating whether the facility is a teaching facility or pediatric hospital or other specialty facility.

Additionally, the submitter Comments File is included. This contains any comments that were included by the submitter when the respective data was submitted and certified from a given facility.

The 2011 PUDF is available in three fixed length format text files, Base Data #1 (logical record length of 950 bytes), Base Data #2 (logical record length of 700 bytes), and Charges (logical record length of 80 bytes) files. The files are also available in tab-delimited format. The size of the files is as follows:

First quarter, 558 hospitals:

Base Data #1	740,817	records	Fixed field format	689	MB	Tab-delimited	309 MB
Base Data #2	740,817	records	Fixed field format	508	MB	Tab-delimited	195 MB
Charges	11,218,228	records	Fixed field format	898	MB	Tab-delimited	520 MB
Facility Type Data	558	records	Fixed field format	39	KB	Tab-delimited	27 KB

Second quarter, 558 hospitals:

Base Data #1	724,552	records	Fixed field format	674	MB	Tab-delimited	303 MB
Base Data #2	724,552	records	Fixed field format	497	MB	Tab-delimited	191 MB
Charges	10,820,733	records	Fixed field format	867	MB	Tab-delimited	496 MB
Facility Type Data	558	records	Fixed field format	39	KB	Tab-delimited	27 KB

Third quarter, 561 hospitals:

Base Data #1	740,270	records	Fixed field format	688	MB	Tab-delimited	309 MB
Base Data #2	740,270	records	Fixed field format	507	MB	Tab-delimited	195 MB
Charges	11,008,163	records	Fixed field format	882	MB	Tab-delimited	504 MB
Facility Type Data	561	records	Fixed field format	39	KB	Tab-delimited	27 KB

Fourth quarter, 564 hospitals:

Base Data #1	731,940	records	Fixed field format	680	MB	Tab-delimited 306 MB
Base Data #2	731,940	records	Fixed field format	502	MB	Tab-delimited 193 MB
Charges	11,160,928	records	Fixed field format	894	MB	Tab-delimited 511 MB
Facility Type Data	564	records	Fixed field format	40	KB	Tab-delimited 27 KB

The data must be imported into a software package. No software is included with the PUDF. The data file has been tested with several software packages, including Microsoft Access, 2010 Microsoft Excel (one quarter), SAS, and SPSS.

The PUDF, beginning with data collected for 2004, is formatted to accommodate additional data elements available with the collection of data from hospitals using the THCIC 837 format. The following data elements are available in the PUDF beginning with data for 2004 or are not comparable to data collected in years prior to 2004:

BASE DATA #1 FILE (*Separated Base File 2011*)	
FAC_LONG_TERM_AC_IND	Added 2004
PAT_COUNTRY	Added 2004
FIRST_PAYMENT_SRC	Replaces PAYMENT_SOURCE_1 and SOURCE_PAYMENT_CODE_1
SECOND_PAYMENT_SRC	Replaces PAYMENT_SOURCE_2 and SOURCE_PAYMENT_CODE_2
REVENUE_CODE_23	No longer available
TOTAL_CHARGES	Replaces TOTAL_CHARGES_23
TOTAL_CHARGES_ACCOMM	Replaces CLAIM_CHARGES_ACCOMM
TOTAL_NON_COV_CHARGES_ACCOMM	Replaces CLAIM_NON_COV_CHARGES_ACCOMM
TOTAL_CHARGES_ANCIL	Replaces CLAIM_CHARGES_ANCIL
TOTAL_NON_COV_CHARGES_ANCIL	Replaces CLAIM_NON_COV_CHARGES_ANCIL
EXTERNAL_CAUSE_OF_INJURY_1	Replaces EXTNAL_CAUSE_OF_INJURY
EXTERNAL_CAUSE_OF_INJURY_2 to EXTERNAL_CAUSE_OF_INJURY_10	Added 2004
OTH_DIAG_CODE_9 to OTH_DIAG_CODE_25	Added 2004
OTH_SURG_PROC_CODE_6 to OTH_SURG_PROC_CODE_25	Added 2004
OTH_SURG_PROC_DAY_6 to OTH_SURG_PROC_DAY_25	Added 2004
OTH_ICD9_CODE_6 to OTH_ICD9_CODE_25	Added 2004
MS_MDC name changed from CMS_MDC (2011)	Added 2004
INBOUND_INDICATOR	Available 2004 only
POA_PRINC_DIAG _CODE	Added 2011
POA_OTH_DIAG_CODE_1 to POA_OTH_DIAG_CODE_24	Added 2011
POA_E_CODE_1 to POA_ E_CODE_10	Added 2011
MS_GROUPER_ ERROR _CODE	Added 2011
APR_GROUPER_ERROR_CODE	Added 2011
BASE DATA #2 FILE (added 2011) *Moved calculated charge amounts andsSituational data elements to this file*	
CONDITION_CODE_1 to CONDITION_CODE_8	Added 2004
OCCUR_CODE_1 to OCCUR_CODE_12	Added 2004
OCCUR_DAY_1 to OCCUR_DAY_12	Added 2004
OCCUR_SPAN_CODE_1 to OCCUR_SPAN_CODE_4	Added 2004
OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4	Added 2004
OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4	Added 2004
VALUE_CODE_1 to VALUE_CODE_12	Added 2004
VALUE_AMOUNT_1 to VALUE_AMOUNT_12	Added 2004
CHARGES FILE	
REVENUE_CODE	Added 2004
HCPCS_QUALIFIER	Added 2004
HCPCS_PROCEDURE_CODE	Added 2004
MODIFIER_1 to MODIFIER_4	Added 2004
UNIT_MEASUREMENT_CODE	Added 2004
UNITS_OF_SERVICE	Added 2004
UNIT_RATE	Added 2004
CHRGS_LINE_ITEM	Added 2004
CHRGS_NON_COV	Added 2004

DATA PROCESSING AND QUALITY

Beginning with data submitted for 2004 discharges hospitals required to submit discharged inpatient claims data, moved from the submission of data in the uniform bill (UB-92) format to the THCIC 837 format. The data are validated through a process of automated auditing and verification. Each individual hospital is responsible for the accuracy and completeness of its data. Even so, each record is subjected by DSHS to a series of audits that check for consistency and conformity with the definitions stated in the data specification manual. Records failing an audit check are returned to the hospital for correction and resubmission. Following the correction process, DSHS uses valid claims data to build files of "encounters" where one encounter contains the final discharge and all related interim claims information for a patient. Then, each submitting hospital has an opportunity to review, to make additional corrections, and to certify the encounter data with or without comments. Finally, DSHS builds a final encounter file that includes all corrections submitted by the hospitals. DSHS staff checks and adjusts for missing values and invalid codes in this file before the PUDF is generated. Users are advised to examine every data element to be used for missing values and invalid codes and to read accompanying notes, comments, and other descriptive text.

PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the Hospital Discharge Database (HDD) was that the data and resulting information be used for the benefit of the public. This is specified in Section 108.013 of the Texas Health and Safety Code (THSC). The THSC also stipulates that DSHS may not release and a person or entity may not gain access to any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates the THSC. In addition, under Section 108.013(e) and (f) of the THSC, patient and/or physician information in the HDD cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to the THSC, DSHS excludes all direct personal and demographic identifiers (e.g., name, address, social security number, patient identifiers, admission and discharge dates) that might lead to the identification of a specific patient from the PUDF.

To protect patient identities, DSHS has suppressed these data elements in this release of the PUDF:
- The last two digits of the patient's ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code.
- The entire ZIP code is suppressed if a hospital has fewer than fifty discharges in a quarter.
- The ZIP code is changed to '88888' for patients from states other than Texas and the adjacent states.
- The entire ZIP code and gender code are suppressed if the ICD-9-CM code indicates alcohol or drug use or an HIV diagnosis.
- The entire ZIP code and provider name are suppressed if a hospital has fewer than five discharges of a particular gender, including 'unknown'. The provider ID is changed to '999998'.
- The country code is suppressed if the country field has fewer than five discharges for that quarter .
- The county code is suppressed if a county has fewer that five discharges for that quarter .
- Age is represented by 22 age group codes for the general patient population and 5 age group codes for the HIV and alcohol and drug use patient populations.

- Race is changed to 'Other' and ethnicity is suppressed if a hospital has fewer than ten discharges of a race.
- If a hospital has fewer than fifty discharges in a quarter, the provider ID is changed to '999999'.

To protect physician identities, the THSC requires creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.

It may be possible in rare instances, through complex analysis and with outside information, to ascertain from the PUDF the identity of individual patients. Considerable harm could result if this were done. PUDF users are required to sign and comply with the DSHS Hospital Discharge Data Use Agreement in the Application before shipment of the PUDF. The Data Use Agreement prohibits attempts to identify individual patients.

RESTRICTIONS ON DATA USE

Section 108.010(c) of the THSC prohibits DSHS from releasing provider quality reports until one year of data is available. Users of the PUDF are cautioned about using less than a year of data to make any hospital quality assumptions.

Sections 108.013(c)(1) and (2) and 108.013 (g) of the Texas Health and Safety Code (THSC) prohibit the DSHS from releasing, and a person or entity from gaining access to, any data that could reveal the identity of a patient or the identity of a physician unless specifically authorized by the Act. Any effort to determine the identity of any person or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the THSC and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital for the purpose of verifying information supplied in the DSHS Hospital Discharge Data sets. Any questions about the data must be referred to DSHS only. Data analysis assistance is not provided by DSHS. The data are protected by United States copyright laws and international treaty provisions.

In the Data Use Agreement, the purchaser and end-user of the data are referred to as the "licensee". To acquire the data the licensee must give the following assurances with respect to the use of DSHS Hospital Discharge Data sets:

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;

- The licensee will not attempt to link nor permit others to attempt to link the hospital stay records of patients in this data set with personally identifiable records from any other source, **including any THCIC research data files;**

- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;

- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;

- The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by this Agreement to any other person or entity, unless approved in writing by DSHS;

- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;

- The licensee will use the following citation in any publication of information from this file:

  Texas Hospital Inpatient Discharge Public Use Data File, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];

- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and

- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

The licensee understands that these assurances are collected by DSHS to assure compliance with its statutory confidentiality requirement. The signature on behalf of the licensee indicates the licensee's agreement to comply with the above-stated requirements with the knowledge that under Sections 108.014 and 108.0141 of the Texas Health and Safety Code to knowingly or negligently release data in violation of this agreement is punishable by a fine of up to $10,000 and an offense is a state jail felony. By signing the Data Use Agreement, the PUDF user has been informed that the potential for both civil and criminal penalties exists.

Users of report generating software to access the PUDF are required to purchase a license to use the data.

DATA LIMITATIONS
(Users are advised to become familiar with the data limitations.)

- Section 108.009(h), THSC requires that a uniform submission format be used for reporting purposes. Before 2004 data were collected in the UB-92 format. Data for 2004 were collected in both UB-92 and THCIC 837 formats. Because these are billing forms, the data collected are administrative data and not clinical data.
- Records with MDC codes of 15 (newborns and other neonates with conditions originating in the perinatal period), 20 (alcohol/drug induced organic mental disorders), or 22 (burns) and Patient Status codes of 62 (discharged/transferred to inpatient rehabilitation), 71 (discharged/transferred to other outpatient service), or 72 (discharged/transferred to institution outpatient service) contain an APR-DRG of 956 (ungroupable). These Patient Status codes were not valid when version 15 of the 3M APR-DRG Grouper was developed. A valid Patient Status code is required for these MDC codes for APR-DRG assignment and Risk of Mortality and Severity of Illness scoring. Patient status codes 71 and 72 are no longer valid as of October 2003. After October 2003 records with MDC codes of 15, 20, or 22 and Patient Status code of 62 contain an APR-DRG of 956.
- Hospital charges data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.

- Secondary source of payment data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Gender is suppressed for patients with an ICD-9-CM code that indicates drug or alcohol use or an HIV diagnosis.
- The last two digits of the ZIP code are suppressed if there are fewer than thirty patients included in the zip code. All of the ZIP code is suppressed for patients with an ICD-9-CM code that indicates drug or alcohol use or an HIV diagnosis or if a hospital has fewer than five discharges of a particular gender, including 'unknown'. ZIP code is changed to '88888' for patients from a state other than Texas and not from an adjacent state. If ZIP is '88888' the state abbreviation is changed to 'ZZ'. ZIP code is suppressed if a hospital has fewer than five patients of a particular gender, including 'unknown'.
- Admission Source as reported by hospitals is suppressed, as recommended by the Council, when the Admission Type is 'newborn'. Data users can use ICD-9-CM codes to correctly identify the clinical status of newborns.
- Uniform identification numbers for physicians are available first quarter 2000 except for cases less than the minimum cell size of five.
- Hospitals must submit data no later than 60 days after the close of a calendar quarter. Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid or other payment sources.
- Beginning with data for 2004 discharges, up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 E-codes can be submitted. For earlier years the number of diagnosis codes collected per patient is limited to 9 and the number of procedure codes to 6. Because of these limitations, sicker patients and the hospitals that treat them may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- Race and ethnicity data are generally not collected by hospitals and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospitals' comments.
- County of residence is not collected by hospitals. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Length of stay is limited to 999 days prior to 2004 discharges.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- Conditions present at time of admission cannot be distinguished from those occurring during hospitalization prior to 2011 discharges. Diagnosis present on admission indicator codes (POA) were required for all hospitals, except Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals, and Long Term Care Hospitals. Some acute care hospitals that have

special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients.

- Updates to any PUDF CD's are available through the THCIC website, http://www.dshs.state.tx.us/thcic/ ,which should be checked periodically as notifications of an update will not be sent.

- DSHS collects data from all hospitals in the state not specifically exempted by statute. This hospital mix should be considered when drawing conclusions about the data or making comparisons with other data.

- Any conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

HOSPITAL COMMENTS
(Users are advised to consider hospital comments in any analysis of the data.)

Included with the PUDF is a separate file containing the unedited comments submitted by hospitals at the time of data certification. Comments relating to individual data elements should be considered in any analysis of those data elements. These comments express the opinions of individual hospitals and are not necessarily the views of the DSHS. Hospitals that submitted comments are identified in 'Reporting Status of Texas Hospitals'.

CITATION

Any statistical reporting or analysis based on the data shall cite the source as the following:

Texas Hospital Inpatient Discharge Public Use Data File, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication].

Texas Hospital Inpatient Discharge
Public Use Data File

Data Dictionary

The purpose of this document is to provide the user with the necessary information to use and understand the data in the Public Use Data File. The following information is provided:

Field	Unique, abbreviated name of the data element
Description	Brief explanation of the data element. Descriptions of data elements from the UB-92 are taken from specifications manuals.
Data Source	Provided by the hospital on the claim form (Claim)
	Assigned by DSHS (Assigned)
	Calculated by DSHS (Calculated)
	Note: For those data elements that have been temporarily suppressed, the quarter of data for which the data element will be released is noted following the Data Source.
Type	Alphanumeric or numeric
Coding scheme	Valid codes for a data field. Values taken from specifications manuals.

Note a change: Any code provided by a hospital that has been determined to be invalid has been assigned the value ` .
Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

BASE DATA #1 FILE

Field 1:	RECORD_ID		
Description:	Record Identification Number. Unique number assigned to identify the record. First available 1st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).		
Beginning Position:	1	**Data Source:**	Assigned
Length:	12	**Type:**	Alphanumeric
Field 2:	DISCHARGE		
Description:	Discharge Quarter. Year and quarter of discharge. *yyyy*Q*n*.		
Beginning Position:	13	**Data Source:**	Assigned
Length:	6	**Type:**	Alphanumeric
Field 3:	THCIC_ID		
Description:	Provider ID. Unique identifier assigned to the provider by DSHS.		
Suppression:	Hospitals with fewer than 50 discharges have been aggregated into the Provider ID '999999'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Provider ID is '999998'.		
Beginning Position:	19	**Data Source:**	Assigned
Length:	6	**Type:**	Alphanumeric
Field 4:	PROVIDER_NAME		
Description:	Hospital name provided by the hospital.		
Suppression:	Hospitals with fewer than 50 discharges (Provider ID equals '999999') are assigned the name 'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Hospital Name is blank.		
Beginning Position:	13	**Data Source:**	Provider
Length:	55	**Type:**	Alphanumeric

Field 5:	TYPE_OF_ADMISSION		
Description:	Code indicating the type of admission		
Coding Scheme:	1 Emergency		
	2 Urgent		
	3 Elective		
	4 Newborn		
	5 Trauma Center		
	9 Information not available		
	` Invalid		
Beginning Position:	80	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 6:	SOURCE_OF_ADMISSION		
Description:	Code indicating source of the admission.		
Coding Scheme:	1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)		
	2 Clinic referral		
	4 Transfer from a hospital		
	5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility		
	6 Transfer from another health care facility		
	8 Court/Law Enforcement		
	9 Information not available		
	0 Transfer from psychiatric, substance abuse, rehab hospital		
	B Transfer from another home health agency		
	D Transfer from One distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in Separte Claim to the Payer		
	E Transfer from Amubulatory Surgery Center		
	F Transfer from a Hospice Facility		
	` Invalid		
	If Type of Admission=4 (Newborn)		
	5 Born inside this hospital		
	6 Born outside this hospital		
Beginning Position:	81	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 7:	SPEC_UNIT_1		
Description:	Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit. SPEC_UNIT_1 through SPEC_UNIT_5 are combined in one field in the Tab Delimited file and can be accessed individually in the fixed length file.		
Coding Scheme:	C Coronary Care Unit	P Pediatric Unit	
	D Detoxification Unit	Y Psychiatric Unit	
	I Intensive Care Unit	R Rehabilitation Unit	
	H Hospice Unit	U Sub-acute Care Unit	
	N Nursery	S Skilled Nursing Unit	
	B Obstetric Unit	Blank Acute Care	
	O Oncology Unit		
Beginning Position:	82	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric

Field 8:	SPEC_UNIT_2		
Description:	Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit. SPEC_UNIT_1 through SPEC_UNIT_5 are combined in one field in the Tab Delimited file and can be accessed individually in the fixed length file.		
Coding Scheme:	C Coronary Care Unit	P Pediatric Unit	
	D Detoxification Unit	Y Psychiatric Unit	
	I Intensive Care Unit	R Rehabilitation Unit	
	H Hospice Unit	U Sub-acute Care Unit	
	N Nursery	S Skilled Nursing Unit	
	B Obstetric Unit	Blank Acute Care	
	O Oncology Unit		
Beginning Position:	83	**Data Source:**	
Length:	1	**Type:**	Alphanumeric

Field 9:	SPEC_UNIT_3		
Description:	Specialty Units in which most days during stay occurred based on number of days by Type of		

Bill or Revenue Code. In order by number of days in the unit. SPEC_UNIT_1 through SPEC_UNIT_5 are combined in one field in the Tab Delimited file and can be accessed individually in the fixed length file.

Coding Scheme:	C	Coronary Care Unit	P	Pediatric Unit
	D	Detoxification Unit	Y	Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
	H	Hospice Unit	U	Sub-acute Care Unit
	N	Nursery	S	Skilled Nursing Unit
	B	Obstetric Unit	Blank	Acute Care
	O	Oncology Unit		

Beginning Position:	84	**Data Source:**	
Length:	1	**Type:**	Alphanumeric

Field 10:	**SPEC_UNIT_4**
Description:	Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit. SPEC_UNIT_1 through SPEC_UNIT_5 are combined in one field in the Tab Delimited file and can be accessed individually in the fixed length file.

Coding Scheme:	C	Coronary Care Unit	P	Pediatric Unit
	D	Detoxification Unit	Y	Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
	H	Hospice Unit	U	Sub-acute Care Unit
	N	Nursery	S	Skilled Nursing Unit
	B	Obstetric Unit	Blank	Acute Care
	O	Oncology Unit		

Beginning Position:	85	**Data Source:**	
Length:	1	**Type:**	Alphanumeric

Field 11:	**SPEC_UNIT_5**
Description:	Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit. SPEC_UNIT_1 through SPEC_UNIT_5 are combined in one field in the Tab Delimited file and can be accessed individually in the fixed length file.

Coding Scheme:	C	Coronary Care Unit	P	Pediatric Unit
	D	Detoxification Unit	Y	Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
	H	Hospice Unit	U	Sub-acute Care Unit
	N	Nursery	S	Skilled Nursing Unit
	B	Obstetric Unit	Blank	Acute Care
	O	Oncology Unit		

Beginning Position:	86	**Data Source:**	
Length:	1	**Type:**	Alphanumeric

Field 12:	**PAT_STATE**
Description:	State of the patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation.

Coding Scheme:	AR	Arkansas
	LA	Louisiana
	NM	New Mexico
	OK	Oklahoma
	TX	Texas
	ZZ	All other states and American Territories
	FC	Foreign country
	XX	Foreign country

Beginning Position:	87	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 13:	**PAT_ZIP**
Description:	Patient's five-digit ZIP code.
Suppression:	Last two digits are blank if a ZIP code has fewer than 30 discharges. If state equals 'ZZ', ZIP code equals '88888'. If state equals 'FC' (foreign country) ZIP code is blank. If ICD-9-CM indicates alcohol or drug use or an HIV diagnosis the ZIP code is blank. If a hospital has fewer than fifty discharges the ZIP code is blank. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', the ZIP Code is blank.
Beginning Position:	89	**Data Source:**	Claim

Length:	5		Type:	Alphanumeric
Field 14:	**PAT_COUNTRY**			
Description:	Country of patient's residential address. List maintained by the International Organization for Standardization (ISO).			
Suppression:	Suppressed if fewer than 5 patients from one country.			
Coding scheme:	See *www.ISO.org* for complete list.			
Beginning Position:	94		**Data Source:**	Claim
Length:	2		**Type:**	Alphanumeric

Field 15:	**PAT_COUNTY**						
Description:	FIPS code of patient's county.						
Coding scheme:	001	Anderson	129	Donley	257	Kaufman	385	Real

001	Anderson	129	Donley	257	Kaufman	385	Real
003	Andrews	131	Duval	259	Kendall	387	Red River
005	Angelina	133	Eastland	261	Kenedy	389	Reeves
007	Aransas	135	Ector	263	Kent	391	Refugio
009	Archer	137	Edwards	265	Kerr	393	Roberts
011	Armstrong	139	Ellis	267	Kimble	395	Robertson
013	Atascosa	141	El Paso	269	King	397	Rockwall
015	Austin	143	Erath	271	Kinney	399	Runnels
017	Bailey	145	Falls	273	Kleberg	401	Rusk
019	Bandera	147	Fannin	275	Knox	403	Sabine
021	Bastrop	149	Fayette	283	La Salle	405	San Augustine
023	Baylor	151	Fisher	277	Lamar	407	San Jacinto
025	Bee	153	Floyd	279	Lamb	409	San Patricio
027	Bell	155	Foard	281	Lampasas	411	San Saba
029	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher
031	Blanco	159	Franklin	287	Lee	415	Scurry
033	Borden	161	Freestone	289	Leon	417	Shackelford
035	Bosque	163	Frio	291	Liberty	419	Shelby
037	Bowie	165	Gaines	293	Limestone	421	Sherman
039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
041	Brazos	169	Garza	297	Live Oak	425	Somervell
043	Brewster	171	Gillespie	299	Llano	427	Starr
045	Briscoe	173	Glasscock	301	Loving	429	Stephens
047	Brooks	175	Goliad	303	Lubbock	431	Sterling
049	Brown	177	Gonzales	305	Lynn	433	Stonewall
051	Burleson	179	Gray	307	McCulloch	435	Sutton
053	Burnet	181	Grayson	309	McLennan	437	Swisher
055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
057	Calhoun	185	Grimes	313	Madison	441	Taylor
059	Callahan	187	Guadalupe	315	Marion	443	Terrell
061	Cameron	189	Hale	317	Martin	445	Terry
063	Camp	191	Hall	319	Mason	447	Throckmorton
065	Carson	193	Hamilton	321	Matagorda	449	Titus
067	Cass	195	Hansford	323	Maverick	451	Tom Green
069	Castro	197	Hardeman	325	Medina	453	Travis
071	Chambers	199	Hardin	327	Menard	455	Trinity
073	Cherokee	201	Harris	329	Midland	457	Tyler
075	Childress	203	Harrison	331	Milam	459	Upshur
077	Clay	205	Hartley	333	Mills	461	Upton
079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
081	Coke	209	Hays	337	Montague	465	Val Verde
083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
085	Collin	213	Henderson	341	Moore	469	Victoria
087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
089	Colorado	217	Hill	345	Motley	473	Waller
091	Comal	219	Hockley	347	Nacogdoches	475	Ward
093	Comanche	221	Hood	349	Navarro	477	Washington
095	Concho	223	Hopkins	351	Newton	479	Webb
097	Cooke	225	Houston	353	Nolan	481	Wharton
099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson	361	Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata

123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall		
127	Dimmit	255	Karnes	383	Reagan	`	Invalid

Beginning Position:	96	**Data Source:**	Assigned; based on patient ZIP code
Length:	3	**Type:**	Alphanumeric

Field 16:	**PUBLIC_HEALTH_REGION**
Description:	Public Health Region of patient's address.

1	Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
2	Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
3	Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
4	Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
5	Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
6	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
7	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
8	Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties
9	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties
10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
11	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties
`	Invalid

Beginning Position:	99	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric

Field 17:	**PAT_STATUS**
Description:	Code indicating patient status as of the ending date of service for the period of care reported
Coding Scheme:	

1	Discharged to home or self-care (routine discharge)
2	Discharged to other short term general hospital
3	Discharged to skilled nursing facility
4	Discharged to intermediate care facility
5	Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)
6	Discharged to care of home health service
7	Left against medical advice
8	Discharged to care of Home IV provider
9	Admitted as inpatient to this hospital
20	Expired
30	Still patient
40	Expired at home
41	Expired in a medical facility
42	Expired, place unknown
43	Discharged/transferred to federal health care facility
50	Discharged to hospice–home
51	Discharged to hospice–medical facility
61	Discharged/transferred within this institution to Medicare-approved swing bed
62	Discharged/transferred to inpatient rehabilitation facility
63	Discharged/transferred to Medicare-certified long term care hospital
64	Discharged/transferred to Medicaid-certified nursing facility
65	Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
66	Discharged/transferred to Critical Access Hospital (CAH)
71	Discharged/transferred to other outpatient service
72	Discharged/transferred to institution outpatient
`	Invalid

Beginning Position:	101	Data Source:	Claim
Length:	2	Type:	Alphanumeric

Field 18:	SEX_CODE		
Description:	Gender of the patient as recorded at date of admission or start of care.		
Suppression:	Code is suppressed if an ICD-9-CM code indicates drug or alcohol use or an HIV diagnosis. If a hospital has fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Hospital Name and Patient ZIP Code are blank for those patients.		
Coding Scheme:	M Male F Female U Unknown ` Invalid		

Beginning Position:	103	Data Source:	Claim
Length:	1	Type:	Alphanumeric

Field 19:	RACE		
Description:	Code indicating the patient's race.		
Suppression:	If a hospital has fewer than ten patients of one race that race is changed to 'Other' (code equals 5).		
Coding Scheme:	1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other ` Invalid		

Beginning Position:	104	Data Source:	Claim
Length:	1	Type:	Alphanumeric

Field 20:	ETHNICITY		
Description:	Code indicating the Hispanic origin of the patient.		
Suppression:	If a hospital has fewer than ten patients of one race the ethnicity of patients of that race is suppressed (code is blank).		
Coding Scheme:	1 Hispanic Origin 2 Not of Hispanic Origin ` Invalid		

Beginning Position:	105	Data Source:	Claim
Length:	1	Type:	Alphanumeric

Field 21:	ADMIT_WEEKDAY		
Description:	Code indicating day of week patient is admitted		
Coding Scheme:	1 Monday 2 Tuesday 3 Wednesday 4 Thursday	5 Friday 6 Saturday 7 Sunday ` Invalid	

Beginning Position:	106	Data Source:	Assigned
Length:	1	Type:	Alphanumeric

Field 22:	LENGTH_OF_STAY		
Description:	Length of stay in days *equals* Statement covers period through date *minus* Admission/start of care date. The minimum length of stay is 1 day. The maximum is 9999 days.		

Beginning Position:	107	Data Source:	Calculated
Length:	4	Type:	Alphanumeric

Field 23:	PAT_AGE		
Description:	Code indicating age of patient in days or years on date of discharge.		
Coding Scheme:	00 1-28 days 01 29-365 days 02 1-4 years 03 5-9 04 10-14 05 15-17 06 18-19 07 20-24 08 25-29 09 30-34	10 35-39 11 40-44 12 45-49 13 50-54 14 55-59 15 60-64 16 65-69 17 70-74 18 75-79 19 80-84	20 85-89 21 90+ *HIV and drug/alcohol use patients:* 22 0-17 23 18-44 24 45-64 25 65-74 26 75+ ` Invalid

Beginning Position:	111	Data Source:	Assigned
Length:	2	Type:	Alphanumeric

Field 24:	**FIRST_PAYMENT_SRC**		
Description:	Code indicating the expected primary source of payment.		
Coding Scheme:	09	Self Pay Removed from 5010 format, use "ZZ")	HM	Health Maintenance Organization

	09	Self Pay Removed from 5010 format, use "ZZ")	HM	Health Maintenance Organization
	10	Central Certification	LI	Liability
	11	Other Non-federal Programs	LM	Liability Medical
	12	Preferred Provider Organization (PPO)	MA	Medicare Part A
	13	Point of Service (POS)	MB	Medicare Part B
	14	Exclusive Provider Organization (EPO)	MC	Medicaid
	15	Indemnity Insurance	TV	Title V
	16	Health Maintenance Organization (HMO) Medicare Risk	OF	Other Federal Program
	AM	Automobile Medical	VA	Veteran Administration Plan
	BL	Blue Cross/Blue Shield	WC	Workers Compensation Health Claim
	CH	CHAMPUS	ZZ	Charity, Indigent or Unknown
	CI	Commercial Insurance	``	Codes 09 and ZZ, combined for 2004 & 2005
	DS	Disability Insurance	`	Invalid

Beginning Position:	113	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 25:	**SECONDARY_PAYMENT_SRC**		
Description:	Code indicating the expected secondary source of payment.		
Coding Scheme:	Same as field 28, FIRST_PAYMENT_SRC		
Beginning Position:	115	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 26:	**TYPE_OF_BILL**		
Description:	Provides specific information about the claim data submitted. First digit = type of facility. Second digit = type of care. Third digit = sequence of the claim.		

Coding Scheme:

1st digit–Type of Facility		*2nd digit–Type of Care*		*3rd digit–Sequence of claim*	
1	Hospital	1	Inpatient, including Medicare Part A	0	Non-payment/Zero claim
2	Skilled nursing	2	Inpatient, Medicare Part B only	1	Admit through discharge claim
3	Home health	3	Outpatient	2	Interim–first claim
4	Religious non-medical health care–Hospital	4	Outpatient Other, Medicare Part B only	3	Interim–continuing claim
5	Religious non-medical health care–Extended care	5	Intermediate Care–Level I	4	Interim–last claim
6	Intermediate care	6	Intermediate Care–Level II	5	Late charge(s) only claim
7	Clinic	7	Sub-acute inpatient – Level III	6	Adjustment of prior claim (Not used by Medicare)
8	Special facility	8	Swing bed	7	Replacement of prior claim
				8	Void/cancel of prior claim

Beginning Position:	117	**Data Source:**	Claim
Length:	3	**Type:**	Alphanumeric

Field 27:	**TOTAL_CHARGES**		
	Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23.		
Beginning Position:	120	**Data Source:**	Claim
Length:	12	**Type:**	Numeric

Field 28:	**TOTAL_NON_COV_CHARGES**		
	Sum of non-covered accommodation charges, non-covered ancillary charges.		
Beginning Position:	132	**Data Source:**	Claim
Length:	12	**Type:**	Numeric

Field 29:	**TOTAL_CHARGES_ACCOMM**		
	Sum of covered and non-covered accommodation charges.		
Beginning Position:	144	**Data Source:**	Claim
Length:	12	**Type:**	Numeric

Field 30:	**TOTAL_NON_COV_CHARGES_ACCOMM**		
	Sum of non-covered accommodations charges.		
Beginning Position:	156	**Data Source:**	Claim
Length:	12	**Type:**	Numeric

Field 31:	**TOTAL_CHARGES_ANCIL**

Sum of covered and non-covered ancillary charges.

Beginning Position:	168	**Data Source:**	Claim
Length:	12	**Type:**	Numeric

Field 32:	**TOTAL_NON_COV_CHARGES_ANCIL**		

Sum of non-covered ancillary charges.

Beginning Position:	180	**Data Source:**	Claim
Length:	12	**Type:**	Numeric

Field 33:	**POA_PROVIDER_INDICATOR**		

Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals , Inpatient Psychiatric Hospitals, Cancer Hospitals ,Children's or Pediatric Hospitals and Long Term Care Hospitals.

Coding Scheme:	M	Mixed (Facility has sections that would be exempted from reporting POA for those patients)
	R	Required
	X	Exempt
	`	Invalid

Beginning Position:	192	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric

Field 34:	**ADMITTING_DIAGNOSIS**		

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	193	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

Field 35:	**PRINC_DIAG_CODE**		

ICD-9-CM diagnosis code for the principal diagnosis, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	199	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

Field 36:	**POA_PRINC_DIAG_CODE**		

Code identifying whether Principal Diagnonsis code was present at the time the patient was admitted to the hospital

Coding Scheme:	Y	Yes
	N	No
	U	Unknown
	W	Clinically Undetermined
	`	Invalid

Beginning Position:	205	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 37:	**OTH_DIAG_CODE_1**		

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	206	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

Field 38:	**POA_OTH_DIAG_CODE_1**		

Code identifying whether Oth_Diag_Code_1 code was present at the time the patient was admitted to the hospital

Coding Scheme:	Y	Yes
	N	No
	U	Unknown
	W	Clinically Undetermined
	`	Invalid

Beginning Position:	212	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 39:	**OTH_DIAG_CODE_2**		

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	213	**Data Source:**	Claim

| Length: | 6 | Type: | Alphanumeric |

Field 40:	**POA_OTH_DIAG_CODE_2**		

Code identifying whether Oth_Diag_Code_2 code was present at the time the patient was admitted to the hospital

Coding Scheme:	Y	Yes		
	N	No		
	U	Unknown		
	W	Clinically Undetermined		
	`	Invalid		

Beginning Position:	219	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 41:	**OTH_DIAG_CODE_3**		

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	220	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

Field 42:	**POA_OTH_DIAG_CODE_**		

Code identifying whether Oth_Diag_Code_3 code was present at the time the patient was admitted to the hospital

Coding Scheme:	Y	Yes		
	N	No		
	U	Unknown		
	W	Clinically Undetermined		
	`	Invalid		

Beginning Position:	226	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 43:	**OTH_DIAG_CODE_4**		

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	227	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

Field 44:	**POA_OTH_DIAG_CODE_4**		

Code identifying whether Oth_Diag_Code_4 code was present at the time the patient was admitted to the hospital

Coding Scheme:	Y	Yes		
	N	No		
	U	Unknown		
	W	Clinically Undetermined		
	`	Invalid		

Beginning Position:	233	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 45:	**OTH_DIAG_CODE_5**		

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	234	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

Field 46:	**POA_OTH_DIAG_CODE_5**		

Code identifying whether Oth_Diag_Code_5 code was present at the time the patient was admitted to the hospital

Coding Scheme:	Y	Yes		
	N	No		
	U	Unknown		
	W	Clinically Undetermined		
	`	Invalid		

Beginning Position:	240	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 47:	**OTH_DIAG_CODE_6**		

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	241	Data Source:	Claim
Length:	6	Type:	Alphanumeric

Field 48:	**POA_OTH_DIAG_CODE_6**

Code identifying whether Oth_Diag_Code_6 code was present at the time the patient was admitted to the hospital

Coding Scheme:	Y	Yes
	N	No
	U	Unknown
	W	Clinically Undetermined
	`	Invalid

Beginning Position:	247	Data Source:	Claim
Length:	1	Type:	Alphanumeric

Field 49:	**OTH_DIAG_CODE_7**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	248	Data Source:	Claim
Length:	6	Type:	Alphanumeric

Field 50:	**POA_OTH_DIAG_CODE_7**

Code identifying whether Oth_Diag_Code_7 code was present at the time the patient was admitted to the hospital

Coding Scheme:	Y	Yes
	N	No
	U	Unknown
	W	Clinically Undetermined
	`	Invalid

Beginning Position:	254	Data Source:	Claim
Length:	1	Type:	Alphanumeric

Field 51:	**OTH_DIAG_CODE_8**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	255	Data Source:	Claim
Length:	6	Type:	Alphanumeric

Field 52:	**POA_OTH_DIAG_CODE_8**

Code identifying whether Oth_Diag_Code_8 code was present at the time the patient was admitted to the hospital

Coding Scheme:	Y	Yes
	N	No
	U	Unknown
	W	Clinically Undetermined
	`	Invalid

Beginning Position:	261	Data Source:	Claim
Length:	1	Type:	Alphanumeric

Field 53:	**OTH_DIAG_CODE_9**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	262	Data Source:	Claim
Length:	6	Type:	Alphanumeric

Field 54:	**POA_OTH_DIAG_CODE_9**

Code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital

Coding Scheme:	Y	Yes
	N	No
	U	Unknown
	W	Clinically Undetermined
	`	Invalid

Beginning Position:	268	Data Source:	Claim
Length:	1	Type:	Alphanumeric

Field 55:	**OTH_DIAG_CODE_10**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	269	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 56:	**POA_OTH_DIAG_CODE_10**		

Code identifying whether Oth_Diag_Code_10 code was present at the time the patient was admitted to the hospital

Coding Scheme:
Y   Yes
N   No
U   Unknown
W   Clinically Undetermined
`   Invalid

Beginning Position:	275	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 57:	**OTH_DIAG_CODE_11**		

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	276	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 58:	**POA_OTH_DIAG_CODE_11**		

Code identifying whether Oth_Diag_Code_11 code was present at the time the patient was admitted to the hospital

Coding Scheme:
Y   Yes
N   No
U   Unknown
W   Clinically Undetermined
`   Invalid

Beginning Position:	282	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 59:	**OTH_DIAG_CODE_12**		

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	283	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 60:	**POA_OTH_DIAG_CODE_12**		

Code identifying whether Oth_Diag_Code_12 code was present at the time the patient was admitted to the hospital

Coding Scheme:
Y   Yes
N   No
U   Unknown
W   Clinically Undetermined
`   Invalid

Beginning Position:	289	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 61:	**OTH_DIAG_CODE_13**		

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	290	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 62:	**POA_OTH_DIAG_CODE_13**		

Code identifying whether Oth_Diag_Code_13 code was present at the time the patient was admitted to the hospital

Coding Scheme:
Y   Yes
N   No
U   Unknown
W   Clinically Undetermined
`   Invalid

Beginning Position:	296	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 63:	**OTH_DIAG_CODE_14**		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	297	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 64:	**POA_OTH_DIAG_CODE_14**		
	Code identifying whether Oth_Diag_Code_14 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Y Yes N No U Unknown W Clinically Undetermined ` Invalid		
Beginning Position:	303	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 65:	**OTH_DIAG_CODE_15**		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	304	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 66:	**POA_OTH_DIAG_CODE_15**		
	Code identifying whether Oth_Diag_Code_15 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Y Yes N No U Unknown W Clinically Undetermined ` Invalid		
Beginning Position:	310	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 67:	**OTH_DIAG_CODE_16**		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	311	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 68:	**POA_OTH_DIAG_CODE_16**		
	Code identifying whether Oth_Diag_Code_16 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Y Yes N No U Unknown W Clinically Undetermined ` Invalid		
Beginning Position:	317	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 69:	**OTH_DIAG_CODE_17**		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	318	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 70:	**POA_OTH_DIAG_CODE_17**		
	Code identifying whether Oth_Diag_Code_17 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Y Yes N No U Unknown W Clinically Undetermined ` Invalid		
Beginning Position:	324	**Data Source:**	Claim

Length:	1	Type:	Alphanumeric
Field 71:	**OTH_DIAG_CODE_18**		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	325	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 72:	**POA_OTH_DIAG_CODE_18**		
	Code identifying whether Oth_Diag_Code_18 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Y Yes		
	N No		
	U Unknown		
	W Clinically Undetermined		
	` Invalid		
Beginning Position:	331	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 73:	**OTH_DIAG_CODE_19**		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	332	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 74:	**POA_OTH_DIAG_CODE_19**		
	Code identifying whether Oth_Diag_Code_19 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Y Yes		
	N No		
	U Unknown		
	W Clinically Undetermined		
	` Invalid		
Beginning Position:	338	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 75:	**OTH_DIAG_CODE_20**		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	339	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 76:	**POA_OTH_DIAG_CODE_20**		
	Code identifying whether Oth_Diag_Code_20 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Y Yes		
	N No		
	U Unknown		
	W Clinically Undetermined		
	` Invalid		
Beginning Position:	345	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 77:	**OTH_DIAG_CODE_21**		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	346	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 78:	**POA_OTH_DIAG_CODE_21**		
	Code identifying whether Oth_Diag_Code_21 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Y Yes		
	N No		
	U Unknown		
	W Clinically Undetermined		
	` Invalid		

Beginning Position:	352	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 79:	**OTH_DIAG_CODE_22**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	353	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

Field 80:	**POA_OTH_DIAG_CODE_22**

Code identifying whether Oth_Diag_Code_22 code was present at the time the patient was admitted to the hospital

Coding Scheme:
Y   Yes
N   No
U   Unknown
W   Clinically Undetermined
`   Invalid

Beginning Position:	359	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 81:	**OTH_DIAG_CODE_23**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	360	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

Field 82:	**POA_OTH_DIAG_CODE_23**

Code identifying whether Oth_Diag_Code_23 code was present at the time the patient was admitted to the hospital

Coding Scheme:
Y   Yes
N   No
U   Unknown
W   Clinically Undetermined
`   Invalid

Beginning Position:	366	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 83:	**OTH_DIAG_CODE_24**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	367	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

Field 84:	**POA_OTH_DIAG_CODE_24**

Code identifying whether Oth_Diag_Code_24 code was present at the time the patient was admitted to the hospital

Coding Scheme:
Y   Yes
N   No
U   Unknown
W   Clinically Undetermined
`   Invalid

Beginning Position:	373	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 85:	**E_CODE_1**

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of the primary external cause of injury. A decimal is implied following the third character.

Beginning Position:	374	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric

Field 86:	**POA_E_CODE_1**

Code identifying whether E_Code_1 code was present at the time the patient was admitted to the hospital

Coding Scheme:
Y   Yes
N   No
U   Unknown
W   Clinically Undetermined

	` Invalid		
Beginning Position:	380	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 87:	**E_CODE_2**		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	381	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 88:	**POA_E_CODE_2**		
	Code identifying whether E_Code_2 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Y Yes N No U Unknown W Clinically Undetermined ` Invalid		
Beginning Position:	387	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 89:	**E_CODE_3**		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	388	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 90:	**POA_E_CODE_3**		
	Code identifying whether E_Code_3 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Y Yes N No U Unknown W Clinically Undetermined ` Invalid		
Beginning Position:	394	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 91:	**E_CODE_4**		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	395	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 92:	**POA_E_CODE_4**		
	Code identifying whether E_Code_4 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Y Yes N No U Unknown W Clinically Undetermined ` Invalid		
Beginning Position:	401	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 93:	**E_CODE_5**		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	402	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 94:	**POA_E_CODE_5**		
	Code identifying whether E_Code_5 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Y Yes N No U Unknown		

	W Clinically Undetermined		
	` Invalid		
Beginning Position:	408	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 95:	**E_CODE_6**		

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.

Beginning Position:	409	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 96:	**POA_E_CODE_6**		

Code identifying whether E_Code_6 code was present at the time the patient was admitted to the hospital

Coding Scheme:	Y Yes		
	N No		
	U Unknown		
	W Clinically Undetermined		
	` Invalid		
Beginning Position:	415	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 97:	**E_CODE_7**		

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.

Beginning Position:	416	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 98:	**POA_E_CODE_7**		

Code identifying whether E_Code_7 code was present at the time the patient was admitted to the hospital

Coding Scheme:	Y Yes		
	N No		
	U Unknown		
	W Clinically Undetermined		
	` Invalid		
Beginning Position:	422	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 99:	**E_CODE_8**		

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.

Beginning Position:	423	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 100:	**POA_E_CODE_8**		

Code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital

Coding Scheme:	Y Yes		
	N No		
	U Unknown		
	W Clinically Undetermined		
	` Invalid		
Beginning Position:	429	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 101:	**E_CODE_9**		

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.

Beginning Position:	430	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 102:	**POA_E_CODE_9**		

Code identifying whether E_Code_9 code was present at the time the patient was admitted to the hospital

Coding Scheme:	Y Yes		
	N No		

	U	Unknown	
	W	Clinically Undetermined	
	`	Invalid	
Beginning Position:	436	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 103:	**E_CODE_10**		
	ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	437	**Data Source:**	Claim
Length:	6	**Type:**	Alphanumeric
Field 104:	**POA_E_CODE_10**		
	Code identifying whether E_Code_10 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Y Yes		
	N No		
	U Unknown		
	W Clinically Undetermined		
	` Invalid		
Beginning Position:	443	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 105:	**PRINC_SURG_PROC_CODE**		
	Code for the principal surgical or other procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	444	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 106:	**PRINC_SURG_PROC_DAY**		
	Day of principal surgical or other procedure *equals* Principal Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	451	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 107:	**PRINC_ICD9_CODE**		
	ICD-9-CM code for principal surgical or other procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	455	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 108:	**OTH_SURG_PROC_CODE_1**		
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	460	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 109:	**OTH_SURG_PROC_DAY_1**		
	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	467	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 110:	**OTH_ICD9_CODE_1**		
	ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	471	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 111:	**OTH_SURG_PROC_CODE_2**		
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	476	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 112:	**OTH_SURG_PROC_DAY_2**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date

Beginning Position:	483	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 113:	**OTH_ICD9_CODE_2**		

ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	487	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 114:	**OTH_SURG_PROC_CODE_3**		

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	492	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 115:	**OTH_SURG_PROC_DAY_3**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date

Beginning Position:	499	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 116:	**OTH_ICD9_CODE_3**		

ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	503	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 117:	**OTH_SURG_PROC_CODE_4**		

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	508	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 118:	**OTH_SURG_PROC_DAY_4**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date

Beginning Position:	515	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 119:	**OTH_ICD9_CODE_4**		

ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	519	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 120:	**OTH_SURG_PROC_CODE_5**		

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	524	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 121:	**OTH_SURG_PROC_DAY_5**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date

Beginning Position:	531	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 122:	**OTH_ICD9_CODE_5**		

ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	535	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 123:	**OTH_SURG_PROC_CODE_6**		

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	540	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 124:	**OTH_SURG_PROC_DAY_6**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date

Beginning Position:	547	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 125:	**OTH_ICD9_CODE_6**		

ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	551	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 126:	**OTH_SURG_PROC_CODE_7**		

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	556	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 127:	**OTH_SURG_PROC_DAY_7**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date

Beginning Position:	563	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 128:	**OTH_ICD9_CODE_7**		

ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	567	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 129:	**OTH_SURG_PROC_CODE_8**		

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	572	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 130:	**OTH_SURG_PROC_DAY_8**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date

Beginning Position:	579	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 131:	**OTH_ICD9_CODE_8**		

ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	583	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 132:	**OTH_SURG_PROC_CODE_9**		

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	588	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 133:	**OTH_SURG_PROC_DAY_9**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	595	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 134:	**OTH_ICD9_CODE_9**		

	ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	599	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 135:	**OTH_SURG_PROC_CODE_10**		
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	604	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 136:	**OTH_SURG_PROC_DAY_10**		
	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	611	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 137:	**OTH_ICD9_CODE_10**		
	ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	615	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 138:	**OTH_SURG_PROC_CODE_11**		
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	620	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 139:	**OTH_SURG_PROC_DAY_11**		
	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	627	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 140:	**OTH_ICD9_CODE_11**		
	ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	631	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 141:	**OTH_SURG_PROC_CODE_12**		
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	636	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 142:	**OTH_SURG_PROC_DAY_12**		
	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	643	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 143:	**OTH_ICD9_CODE_12**		
	ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	647	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 144:	**OTH_SURG_PROC_CODE_13**		
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.		
Beginning Position:	652	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 145:	**OTH_SURG_PROC_DAY_13**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	659	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 146:	**OTH_ICD9_CODE_13**		

ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	663	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 147:	**OTH_SURG_PROC_CODE_14**		

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	668	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 148:	**OTH_SURG_PROC_DAY_14**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	675	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 149:	**OTH_ICD9_CODE_14**		

ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	679	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 150:	**OTH_SURG_PROC_CODE_15**		

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	684	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 151:	**OTH_SURG_PROC_DAY_15**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	691	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 152:	**OTH_ICD9_CODE_15**		

ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	695	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 153:	**OTH_SURG_PROC_CODE_16**		

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	700	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 154:	**OTH_SURG_PROC_DAY_16**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	707	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 155:	**OTH_ICD9_CODE_16**		

ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	711	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 156:	**OTH_SURG_PROC_CODE_17**		

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	716	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 157:	**OTH_SURG_PROC_DAY_17**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	723	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 158:	**OTH_ICD9_CODE_17**		

ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	727	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 159:	**OTH_SURG_PROC_CODE_18**		

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	732	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 160:	**OTH_SURG_PROC_DAY_18**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	739	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 161:	**OTH_ICD9_CODE_18**		

ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	743	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 162:	**OTH_SURG_PROC_CODE_19**		

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	748	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 163:	**OTH_SURG_PROC_DAY_19**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	755	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 164:	**OTH_ICD9_CODE_19**		

ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	759	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 165:	**OTH_SURG_PROC_CODE_20**		

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	764	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 166:	**OTH_SURG_PROC_DAY_20**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	771	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 167:	**OTH_ICD9_CODE_20**		

ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	775	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 168:	**OTH_SURG_PROC_CODE_21**		

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	780	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 169:	**OTH_SURG_PROC_DAY_21**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	787	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 170:	**OTH_ICD9_CODE_21**		

ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	791	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 171:	**OTH_SURG_PROC_CODE_22**		

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	796	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 172:	**OTH_SURG_PROC_DAY_22**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	803	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 173:	**OTH_ICD9_CODE_22**		

ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	807	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 174:	**OTH_SURG_PROC_CODE_23**		

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	812	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 175:	**OTH_SURG_PROC_DAY_23**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	819	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 176:	**OTH_ICD9_CODE_23**		

ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

Beginning Position:	823	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 177:	**OTH_SURG_PROC_CODE_24**		

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Beginning Position:	828	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 178:	**OTH_SURG_PROC_DAY_24**		

Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.

Beginning Position:	835	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 179:	**OTH_ICD9_CODE_24**		
	ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	839	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric

Field 180:	**MS-MDC**		
	Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for Medicare beneficiaries. First available 2004.		
Beginning Position:	844	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric

Field 181:	**MS-DRG**		
	Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as assigned for hospital payment for Medicare beneficiaries.		
Beginning Position:	846	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 182:	**MS_GROUPER_VERSION_NBR**		
	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG and, MS MDC codes		
Beginning Position:	849	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric

Field 183:	**MS_GROUPER_ERROR_CODE**		
	Error codes identify potential variations with MS DRG code assignment		

Coding Scheme:	00	No errors. DRG successfully assigned.	11	Invalid Principal Diagnosis
	01	Diagnosis code cannot be used as principal diagnosis	19	DisableHac = 0 and at least one HAC POA is invalid or exempt
	02	Record does not meet criteria for any DRG	20	DisableHac is invalid and at least one HAC POA is N or U
	03	Invalid Age	21	DisableHac is invalid and at least one HAC POA is invalid or exempt
	04	Invalid Sex	22	DisableHac = 0 and at least one HAC POA is exempt
	05	Invalid Discharge Status	23	DisableHac is invalid and at least one HAC POA is exempt
	10	Illogical Principal Diagnosis (CMS only)	24	DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	11	Invalid Principal Diagnosis	25	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
	10	Illogical Principal Diagnosis (CMS only)		

Beginning Position:	854	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric

Field 184:	**APR-MDC**		
	Major Diagnostic Category (MDC) as assigned by 3M APR-DRG Grouper.		
Beginning Position:	856	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric

Field 185:	**APR-DRG**

All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG Grouper

Beginning Position:	858	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 186:	**RISK_MORTALITY**		

Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M APR-DRG Grouper. Indicates the likelihood of dying.

Coding Scheme:	1	Minor
	2	Moderate
	3	Major
	4	Extreme

Beginning Position:	862	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric

Field 187:	**ILLNESS_SEVERITY**		

Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M APR-DRG Grouper. Indicates the extent of physiologic decompensation.

Coding Scheme:	1	Minor
	2	Moderate
	3	Major
	4	Extreme

Beginning Position:	863	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric

Field 188:	**APR_GROUPER_VERSION_NBR**		

3M™ All Patient Refined Diagnosis Related Grouper version used to assign APR DRG codes, APR MDC codes, Risk of Mortality rankings and,Severity of Illness rankings

Beginning Position:	864	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric

Field 189:	**APR_GROUPER_ERROR_CODE**		

Error codes identify potential variations with APR DRG code assignment

Coding Scheme:	00	No errors. DRG successfully assigned.	12	Gestational age/birth weight conflict (APR only)
	01	Diagnosis code cannot be used as principal diagnosis	19	DisableHac = 0 and at least one HAC POA is invalid or exempt
	02	Record does not meet criteria for any DRG	20	DisableHac is invalid and at least one HAC POA is N or U
	03	Invalid Age	21	DisableHac is invalid and at least one HAC POA is invalid or exempt
	04	Invalid Sex	22	DisableHac = 0 and at least one HAC POA is exempt
	05	Invalid Discharge Status	23	DisableHac is invalid and at least one HAC POA is exempt
	06	Invalid birthweight (AP & APR only)	24	DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	09	Invalid discharge age in days (AP & APR only)	25	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
	11	Invalid Principal Diagnosis		

Beginning Position:	869	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric

Field 190:	**ATTENDING_PHYSICIAN_UNIF_ID**

	Attending Physician Uniform Identifier. Unique identifier assigned to the licensed physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.		
Suppression:	Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.		
Beginning Position:	871	**Data Source:**	Assigned
Length:	10	**Type:**	Alphanumeric
Field 191:	**OPERATING_PHYSICIAN_UNIF_ID**		
	Operating or other Physician Uniform Identifier (if applicable). Unique identifier assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.		
Suppression:	Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.		
Coding Scheme:	9999999998 Cell size less than 5 9999999999 Temporary license or license number could not be matched		
Beginning Position:	881	**Data Source:**	Assigned
Length:	10	**Type:**	Alphanumeric
Field 192:	**ENCOUNTER_INDICATOR**		
Description:	Indicates the number of claims used to create the encounter		
Beginning Position:	891	**Data Source:**	Calculated
Length:	2	**Type:**	Alphanumeric
Field 193:	**CERT_STATUS**		
	Assignment of a code to indicate the certification of data and submission of comments by the hospital. First available 3rd quarter 1999.		
Coding Scheme:	1 Certified, without comment 2 Certified, with comment 3 Certified, with comment, comment not received by deadline 4 Hospital elected not to certify 5 Hospital closed, data not certified 6 Hospital out of compliance, did not certify data		
Beginning Position:	893	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 194:	**FILLER_SPACE**		
Description:	Indicates the number of claims used to create the encounter		
Beginning Position:	894	**Data Source:**	Calculated
Length:	57	**Type:**	Alphanumeric

BASE DATA #2 FILE

Field 1:	**RECORD_ID**		
Description:	Record Identification Number. Unique number assigned to identify the record. First available 1st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).		
Beginning Position:	1	**Data Source:**	Assigned
Length:	12	**Type:**	Alphanumeric
Field 2:	**PRIVATE_AMOUNT**		

Description:	Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 11X, 14X		
Beginning Position:	13	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 3:	**SEMI_PRIVATE_AMOUNT**		
	Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 10X, 12X-14X, 16X-19X		
Beginning Position:	25	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 4:	**WARD_AMOUNT**		
	Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 15X.		
Beginning Position:	37	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 5:	**ICU_AMOUNT**		
	Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 20X.		
Beginning Position:	49	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 6:	**CCU_AMOUNT**		
	Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 21X.		
Beginning Position:	61	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 7:	**OTHER_AMOUNT**		
	Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 002-099, 22X-24X, 52X-53X, 55X-60X, 64X-70X, 76X-78X, 90X-95X, 99X.		
Beginning Position:	73	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 8:	**PHARM_AMOUNT**		
	Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 25X, 26X, and 63X.		
Beginning Position:	85	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 9:	**MEDSURG_AMOUNT**		
	Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 27X, 62X.		
Beginning Position:	97	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 10:	**DME_AMOUNT**		
	Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue centers 290-292, 294-299.		
Beginning Position:	109	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 11:	**USED_DME_AMOUNT**		
	Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 293.		
Beginning Position:	121	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 12:	**PT_AMOUNT**		
	Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 42X.		
Beginning Position:	133	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 13:	**OT_AMOUNT**		
	Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 42X.		
Beginning Position:	145	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 14:	**SPEECH_AMOUNT**		
	Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 44X, 47X.		
Beginning Position:	157	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 15:	**IT_AMOUNT**		
	Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 41X, 46X.		
Beginning Position:	169	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 16:	**BLOOD_AMOUNT**		
	Ancillary Service Charge. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 38X.		
Beginning Position:	181	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 17:	**BLOOD_ADMIN_AMOUNT**		
	Ancillary Service Charge. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 39X.		
Beginning Position:	193	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 18:	**OR_AMOUNT**		
	Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 36X, 71X-72X.		
Beginning Position:	205	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 19:	**LITH_AMOUNT**		
	Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 79X.		
Beginning Position:	217	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 20:	**CARD_AMOUNT**		
	Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 48X, 73X.		
Beginning Position:	229	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 21:	**ANES_AMOUNT**		
	Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 37X.		
Beginning Position:	241	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 22:	**LAB_AMOUNT**		
	Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 30X-31X, 74X-75X.		
Beginning Position:	253	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 23:	**RAD_AMOUNT**		
	Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 28X, 32X-35X, 40X.		
Beginning Position:	265	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 24:	**MRI_AMOUNT**		
	Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 61X.		
Beginning Position:	277	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 25:	**OP_AMOUNT**		
	Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 49X-50X.		
Beginning Position:	289	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 26:	**ER_AMOUNT**		
	Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 45X.		
Beginning Position:	301	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 27:	**AMBULANCE_AMOUNT**		
	Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 54X.		
Beginning Position:	313	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 28:	**PRO_FEE_AMOUNT**		
	Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 96X-98X.		
Beginning Position:	325	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 29:	**ORGAN_AMOUNT**		
	Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 81X, 89X.		
Beginning Position:	337	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 30:	**ESRD_AMOUNT**		
	Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 80X, 82X-88X.		
Beginning Position:	349	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 31:	**CLINIC_AMOUNT**		
	Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 51X.		

Beginning Position:	361	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 186:	**OCCUR_CODE_1**

Code describing a significant event relating to the claim.

Coding Scheme:

1	Auto accident		40	Scheduled date of admission
2	No Fault Insurance Involved - Including Auto Accident/Other		41	Date of first test of pre-admission testing
3	Accident/ Tort Liability		42	Date of discharge (hospice only)
4	Accident/ Employment Related		43	Scheduled date of canceled surgery
5	Other accident		44	Date treatment started - OT
6	Crime Victim		45	Date treatment started - ST
9	Start of Infertility Treatment Cycle		46	Date treatment started - Cardiac rehabiliation
10	Last Menstrual Period		47	Date cost outlier status begins
11	Onset of Symptoms/ Illness		A1	Birthdate - Insured A
12	Date of Onset for a Chronically Dependent Individual		A2	Effective Date - Insured A Policy
16	Date of Last Therapy		A3	Payer A benefits exhausted
17	Date Outpatient OT Plan Established or Last Reviewed		A4	Split Bill Date
18	Date of Retirement - Patient/Beneficiary		B1	Birthdate - Insured B
19	Date of Retirement - Spouse		B2	Effective date - Insured B Policy
20	Date Guarantee of Payment Began		B3	Payer B benefits exhausted
21	Date UR Notice Received		C1	Birthdate - Insured C
22	Date Active Care Ended		C2	Effective date - Insured C Policy
24	Date Insurance Denied		C3	Payer C benefits exhausted
25	Date Benefits Terminated by Primary Payer		DR	Katrina disaster related
26	Date SNF Bed Became Available		E1	Birthdate - Insured D
27	Date Home Health Plan Established or Last Reviewd		E2	Effective date - Insured D Policy
28	Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed		E3	Payer D benefits exhausted
29	Date Outpatient PT Plan established or last reviewed		F1	Birthdate - Insured E
30	Date Outpatient ST Plan established or last reviewed		F2	Effective date - Insured E Policy
31	Date beneficiary notified of intent to bill (accommodations)		F3	Payer E benefits exhausted
32	Date beneficiary notified of intent to bill (procedures or treatments)		G1	Birthdate - Insured F
37	Date of inpatient hospital discharge for non-covered transplant patients		G2	Effective date - Insured F Policy
38	Date treatment started for home IV therapy		G3	Payer F benefits exhausted
39	Date discharged on a continuous course if IV therapy			

Beginning Position:	373	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 33:	**OCCUR_DAY_1**

Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:	375	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 34:	**OCCUR_CODE_2**

Code describing a significant event relating to the claim.

Coding Scheme:	Same as Field 186.		
Beginning Position:	379	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 35:	**OCCUR_DAY_2**

Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:	381	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 36:	**OCCUR_CODE_3**

Code describing a significant event relating to the claim.

Coding Scheme:	Same as Field 186.

Beginning Position:	385	Data Source:	Claim
Length:	2	Type:	Alphanumeric

Field 37:	**OCCUR_DAY_3**		
	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	387	Data Source:	Calculated
Length:	4	Type:	Alphanumeric

Field 38:	**OCCUR_CODE_4**		
	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field 186.		
Beginning Position:	391	Data Source:	Claim
Length:	2	Type:	Alphanumeric

Field 39:	**OCCUR_DAY_4**		
	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	393	Data Source:	Calculated
Length:	4	Type:	Alphanumeric

Field 40:	**OCCUR_CODE_5**		
	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field 186.		
Beginning Position:	397	Data Source:	Claim
Length:	2	Type:	Alphanumeric

Field 41:	**OCCUR_DAY_5**		
	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	399	Data Source:	Calculated
Length:	4	Type:	Alphanumeric

Field 42:	**OCCUR_CODE_6**		
	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field 186.		
Beginning Position:	403	Data Source:	Claim
Length:	2	Type:	Alphanumeric

Field 43:	**OCCUR_DAY_6**		
	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	405	Data Source:	Calculated
Length:	4	Type:	Alphanumeric

Field 44:	**OCCUR_CODE_7**		
	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field 186.		
Beginning Position:	409	Data Source:	Claim
Length:	2	Type:	Alphanumeric

Field 45:	**OCCUR_DAY_7**		
	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	411	Data Source:	Calculated
Length:	4	Type:	Alphanumeric

Field 46:	**OCCUR_CODE_8**		
	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field 186.		
Beginning Position:	415	Data Source:	Claim
Length:	2	Type:	Alphanumeric

Field 47:	**OCCUR_DAY_8**		
	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	417	Data Source:	Calculated
Length:	4	Type:	Alphanumeric

Field 48:	**OCCUR_CODE_9**		
	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field 186.		
Beginning Position:	421	Data Source:	Claim

Length:	2	Type:	Alphanumeric
Field 49:	**OCCUR_DAY_9**		
	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	423	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 50:	**OCCUR_CODE_10**		
	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field 186.		
Beginning Position:	427	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 51:	**OCCUR_DAY_10**		
	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	429	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 52:	**OCCUR_CODE_11**		
	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field 186.		
Beginning Position:	433	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 53:	**OCCUR_DAY_11**		
	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	435	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 54:	**OCCUR_CODE_12**		
	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field 186.		
Beginning Position:	439	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 55:	**OCCUR_DAY_12**		
	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	441	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 56:	**OCCUR_SPAN_CODE_1**		
	Code describing a significant event relating to the claim that may affect payer processing.		

Coding Scheme:

70	Qualifying stay dates (for SNF use only)	78	SNF prior stay dates
71	Prior stay dates	79	Payer use codes
72	First/Last Visit	DR	Katrina disaster related
73	Benefit eligibility period	M0	PRO/UR approved stay dates
74	Noncovered level of care/Leave of absence	M1	Provider liability - no utilization
75	SNF level of care	M2	Inpatient respite dates
76	Patient Liability Period	M3	ICF level of care
77	Provider Liability - Utilization Charged	M4	Residential level of care

Beginning Position:	445	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 57:	**OCCUR_SPAN_FROM_1**		
	Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.		
Beginning Position:	447	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric
Field 58:	**OCCUR_SPAN_THRU_1**		
	Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.		
Beginning Position:	453	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric
Field 59:	**OCCUR_SPAN_CODE_2**		
	Code describing a significant event relating to the claim that may affect payer processing.		
Coding Scheme:	Same as Field 210.		
Beginning Position:	459	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 60:	OCCUR_SPAN_FROM_2		
	Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.		
Beginning Position:	461	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric
Field 61:	OCCUR_SPAN_THRU_2		
	Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.		
Beginning Position:	467	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric
Field 62:	OCCUR_SPAN_CODE_3		
	Code describing a significant event relating to the claim that may affect payer processing.		
Coding Scheme:	Same as Field 210.		
Beginning Position:	473	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 63:	OCCUR_SPAN_FROM_3		
	Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.		
Beginning Position:	475	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric
Field 64:	OCCUR_SPAN_THRU_3		
	Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.		
Beginning Position:	481	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric
Field 65:	OCCUR_SPAN_CODE_4		
	Code describing a significant event relating to the claim that may affect payer processing.		
Coding Scheme:	Same as Field 210.		
Beginning Position:	487	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 66:	OCCUR_SPAN_FROM_4		
	Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.		
Beginning Position:	489	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric
Field 67:	OCCUR_SPAN_THRU_4		
	Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.		
Beginning Position:	495	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric
Field 68:	CONDITION_CODE_1		
	Code describing a condition relating to the claim.		

Coding Scheme:

1	Military service related	76	Back-up in facility dialysis
2	Condition is employment related	77	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment
3	Patient covered by insurance not reflected here	78	New coverage not implemented by HMO
4	Information only bill.	79	CORF services provided offsite
5	Lien has been filed	80	Home dialysis - nursing facility
6	ESRD patient in first 18 months of entitlement covered by EGHP	A0	CHAMPUS external partnership program
7	Treatment of non-terminal condition for hospice patient	A1	EPSDT/CHAP
8	Beneficiary would not provide information concerning other insurance coverage	A2	Physically handicapped children's program
9	Neither patient or spouse is employed	A3	Special Federal Funding
10	Patient and/or spouse is employed but no EGHP exists	A4	Family planning
11	Disabled beneficiary but no LGHP coverage exists	A5	Disability
17	Patient is homeless	A6	Vaccines/Medicare 100% payment
18	Maiden name retained	A7	Induced abortion - danger to life
19	Child retains mother's name	A8	Induced abortion - victim rape/incest
20	Beneficiary requested billing	A9	Second opinion surgery
21	Billing for denial notice	AA	Abortion performed due to rape

22	Patient on multiple drug regimen	AB	Abortion performed due to incest
23	Home care giver available	AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality
24	Home IV patient also receiving HHA services	AD	Abortion performed due to life endangering physical condition caused by, arising from or exacerbated by the pregnancy itself
25	Patient is non-US resident	AE	Abortion performed due to physical health of mother that is not life endangering
26	VA eligible patient chooses to receive services in a Medicare certified facility	AF	Abortion performed due to emotional/psychological health of mother
27	Patient referred to a sole community hospital for a diagnostic laboratory test	AG	Abortion performed due to social or economic reasons
28	Patient and/or spouse's EGHP is secondary to Medicare	AH	Elective abortion
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AI	Sterilization
30	Non-research services provided to patients enrolled in a qualified clinical trial	AJ	Payer responsible for co-payment
31	Patient is student (full time - day)	AJ	Payer responsible for co-payment
32	Patient is student (cooperative/work study program)	AK	Air ambulance required
33	Patient is student (full time - night)	AL	Specialized treatment/bed unavailable
34	Patient is student (part-time)	AM	Non-emergency medically necessary stretcher transport required
36	General care patient in a special unit	AN	Pre-admission screening not required
37	Ward accommodation at patient request	B0	Medicare coordinated care demonstration claim
38	Semi-private room not available	B1	Beneficiary is ineligible for demonstration program
39	Private room medically necessary	B2	Critical access hospital ambulance attestation
40	Same day transfer	B3	Pregnancy indicator
41	Partial hospitalization	B4	Admission unrelated to discharge on same day
42	Continuing care not related to inpatient admission	C1	Approved as billed
43	Continuing care not provided within prescribed postdischarge window	C2	Automatic approval as billed based on focused review
44	Inpatient admission changed to outpatient	C3	Partial approval
45	Reserved	C4	Admission/services denied
46	Non-availability statement on file	C5	Postpayment review applicable
47	Reserved for CHAMPUS	C6	Admission Preauthorization
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	C7	Extended Authorization
49	Product replacement within product lifecycle	D0	Changes to Service Dates
55	SNF bed not available	D1	Changes to Charges
56	Medical appropriateness	D2	Changes in Revenue Codes/HCPCS/HIPPS rate code
57	SNF readmission	D3	Second or Subsequent Interim PPS Bill
58	Terminated Medicare+Choice organization enrollee	D4	Change in ICD-9-CM diagnosis and/or procedure codes.
59	Non-primary ESRD facility	D5	Cancel to correct HICN or Provider ID
60	Day outlier	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
61	Cost outlier	D7	Change to Make Medicare the Secondary Payer
66	Provider does not wish cost outlier payment	D8	Change to Make Medicare the Primary Payer
67	Beneficiary elects not to use life time reserve (LTR) days	D9	Any Other Change
68	Beneficiary elects to use life time reserve (LTR) days	DR	Katrina disaster related
69	IME/DGME/N&AH Payment Only	E0	Changes in Patient Status
70	Self-administered anemia management drug	G0	Distinct Medical Visit
71	Full care in unit	H0	Delayed Filing, Statement of Intent Submitted
72	Self care in unit	M0	All inclusive rate for outpatient services
73	Self care training	M1	Roster billed influenza virus vaccine or pneumococcal pneumonia vaccine (PPV)
74	Home	M2	HHA payment significantly exceeds total charges

	75	Home - 100% reimbursement		P1	Do not Resuscitate Order (DNR)
				WO	United Mine Workers of America (UMWA) Demonstration Indicator

Beginning Position:	501	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 69:	**CONDITION_CODE_2**		
	Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field 178.		
Beginning Position:	503	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 70:	**CONDITION_CODE_3**		
	Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field 178.		
Beginning Position:	505	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 71:	**CONDITION_CODE_4**		
	Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field 178.		
Beginning Position:	507	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 72:	**CONDITION_CODE_5**		
	Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field 178.		
Beginning Position:	509	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 73:	**CONDITION_CODE_6**		
	Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field 178.		
Beginning Position:	511	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 74:	**CONDITION_CODE_7**		
	Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field 178.		
Beginning Position:	513	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 75:	**CONDITION_CODE_8**		
	Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field 178.		
Beginning Position:	515	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 76:	**VALUE_CODE_1**
	Code describing information that may affect payer processing.

Coding Scheme:

1	Most common semi-private rate	66	Medicaid spenddown amount
2	Hospital has no semi-private rooms	67	Peritoneal dialysis
4	Inpatient professional component charges which are combined billed	68	EPO-drug
5	Professional component included in charges and also billed separately to carrier	69	State charity care percentage
6	Medicare blood deductible	72	Flat rate surgery charge
8	Medicare life time reserve amount in the first calendar year	73	Drug deductible
9	Medicare coinsurance amount in the first calendar year	74	Drug coinsurance
10	Medicare lifetime reserve amount in the second calendar year	77	New technology add-on payment
11	Medicare coinsurance amount in the second calendar year	A0	Special zip code reporting
12	Working aged beneficiary/spouse with employer group health plan	A1	Deductible payer A

13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	A2	Coinsurance payer A
14	No fault, including auto/other	A3	Estimated responsibility payer A
15	Worker's compensation	A4	Covered self-administrable drugs - emergency
16	Public health service (PHS) or other federal agency	A5	Covered self-administrable drugs - administrable in form and situation furnished to patient
21	Catastrophic	A6	Covered self-administrable drugs - diagnostic study and other
22	Surplus	A7	Co-payment payer A
23	Recurring monthly income	A8	Patient weight
24	Medicaid Rate Code	A9	Patient height
25	Offset to the patient - payment amount - prescription drugs	AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
26	Offset to the patient - payment amount - hearing and ear services	AB	Other assessments or allowances (e.g., medical eduction) - payer A
27	Offset to the patient - payment amount - vision and eye services	B1	Deductible payer B
28	Offset to the patient - payment amount - dental services	B2	Coinsurance payer B
29	Offset to the patient - payment amount - chiropractic services	B3	Estimated responsibility payer B
30	Preadmission testing	B7	Co-payment payer B
31	Patient Liability Amount	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
32	Multiple patient ambulance transport	BB	Other assessments or allowances (e.g., medical eduction) - payer B
33	Offset to the patient - payment amount - podiatric services	C1	Deductible payer C
34	Offset to the patient - payment amount - other medical services	C2	Coinsurance payer C
35	Offset to the patient - payment amount - health insurance premiums	C3	Estimated responsibility payer C
37	Pints of blood furnished	C7	Co-payment payer C
38	Blood deductible pints	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
39	Pints of blood replaced	CB	Other assessments or allowances (e.g., medical eduction) - payer C
40	New coverage not implemented by HMO	D3	Patient estimated responsibility
41	Black lung	DR	Katrina disaster related
42	VA	E1	Deductible Payer D
43	Disabled beneficiary under age 65 with LGHP	E2	Coinsurance Payer D
44	Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received	E3	Coinsurance Payer D
45	Accident hour	E7	Co-payment payer D
46	Number of grace days	EA	Regulatory surcharges, assessments, allowances or health care related taxes - payer D
47	Any liability insurance	EB	Other assessments or allowances (e.g. medical education) - payer D
48	Hemoglobin reading	F1	Deductible Payer E
49	Hematocrit reading	F2	Coinsurance Payer E
50	PT visits	F3	Coinsurance Payer E
51	OT visits	F7	Co-payment payer E
52	ST visits	FA	Regulatory surcharges, assessments, allowances or health care related taxes - payer E
53	Cardiac rehab visits	FB	Other assessments or allowances (e.g. medical education) - payer E
54	Newborn birth weight in grams	G1	Deductible Payer F
55	Eligibility threshold for charity care	G1	Deductible Payer F
56	Skilled nurse - home visit hours	G2	Coinsurance Payer F
57	Home health aide - home visit hours	G3	Coinsurance Payer F
58	Arterial blood gas	G7	Co-payment payer F
59	Oxygen saturation	GA	Regulatory surcharges, assessments, allowances or health care related taxes - payer F

60	HHA branch MSA		GB	Other assessments or allowances (e.g. medical education) - payer F
61	Location where service is furnished (HHA and hospice)		P1	Do not resuscitate order (DNR)
			Y1	Part A Demonstration Payment
			Y2	Part B Demonstration Payment
			Y3	Part B Coinsurance
			Y4	Conventional Provider Payment Amount for Non-Demonstration Claims

Beginning Position:	517	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 77:	**VALUE_AMOUNT_1**		
	Dollar amount that may be affected.		
Beginning Position:	519	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 78:	**VALUE_CODE_2**		
	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field 222.		
Beginning Position:	528	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 79:	**VALUE_AMOUNT_2**		
	Dollar amount that may be affected.		
Beginning Position:	530	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 80:	**VALUE_CODE_3**		
	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field 222.		
Beginning Position:	539	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 81:	**VALUE_AMOUNT_3**		
	Dollar amount that may be affected.		
Beginning Position:	541	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 82:	**VALUE_CODE_4**		
	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field 222.		
Beginning Position:	550	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 83:	**VALUE_AMOUNT_4**		
	Dollar amount that may be affected.		
Beginning Position:	552	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 84:	**VALUE_CODE_5**		
	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field 222.		
Beginning Position:	561	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 85:	**VALUE_AMOUNT_5**		
	Dollar amount that may be affected.		
Beginning Position:	563	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 86:	**VALUE_CODE_6**		
	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field 222.		
Beginning Position:	572	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 87:	**VALUE_AMOUNT_6**		

	Dollar amount that may be affected.		
Beginning Position:	574	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 88:	**VALUE_CODE_7**		
	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field 222.		
Beginning Position:	583	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 89:	**VALUE_AMOUNT_7**		
	Dollar amount that may be affected.		
Beginning Position:	585	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 90:	**VALUE_CODE_8**		
	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field 222.		
Beginning Position:	594	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 91:	**VALUE_AMOUNT_8**		
	Dollar amount that may be affected.		
Beginning Position:	596	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 92:	**VALUE_CODE_9**		
	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field 222.		
Beginning Position:	605	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 93:	**VALUE_AMOUNT_9**		
	Dollar amount that may be affected.		
Beginning Position:	607	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 94:	**VALUE_CODE_10**		
	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field 222.		
Beginning Position:	616	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 95:	**VALUE_AMOUNT_10**		
	Dollar amount that may be affected.		
Beginning Position:	618	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 96:	**VALUE_CODE_11**		
	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field 222.		
Beginning Position:	627	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 97:	**VALUE_AMOUNT_11**		
	Dollar amount that may be affected.		
Beginning Position:	629	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 98:	**VALUE_CODE_12**		
	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field 222.		
Beginning Position:	638	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 99:	**VALUE_AMOUNT_12**		
	Dollar amount that may be affected.		

Beginning Position:	640	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 100:	**FILLER_SPACE**		
Beginning Position:	649	**Data Source:**	Claim
Length:	52	**Type:**	Alphanumeric

References:

CHARGES DATA FILE

Field 1:	RECORD_ID		
Description:	Record Identification Number. Unique number assigned to identify the record. First available 1st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).		
Beginning Position:	1	Data Source:	Assigned
Length:	12	Type:	Alphanumeric

Field 1: **RECORD_ID**

Description: Record Identification Number. Unique number assigned to identify the record. First available 1st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).

Beginning Position: 1   Data Source: Assigned

Length: 12   Type: Alphanumeric

Field 2: **REVENUE_CODE**

Description: Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed.

Coding Scheme:

Code	Description	Code	Description
0100	All-inclusive room charges plus ancillary	0516	Clinic - urgent care
0101	All-inclusive room charges	0517	Clinic - family practice
0110	Room charges for private rooms - general	0519	Clinic - other
0111	Room charges for private rooms - medical/surgical/GYN	0520	Freestanding Clinic - general
0112	Room charges for private rooms - obstetrics	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
0113	Room charges for private rooms - pediatric	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
0114	Room charges for private rooms - psychiatric	0523	Freestanding Clinic - family practice
0115	Room charges for private rooms - hospice	0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF
0116	Room charges for private rooms - detoxification	0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility
0117	Room charges for private rooms - oncology	0526	Freestanding Clinic - urgent care
0118	Room charges for private rooms - rehabilitation	0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
0119	Room charges for private rooms - other	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
0120	Room charges for semi-private rooms - general	0529	Freestanding Clinic - other
0121	Room charges for semi-private rooms - medical/surgical/GYN	0530	Osteopathic service - general
0122	Room charges for semi-private rooms - obstetrics	0531	Osteopathic service - therapy
0123	Room charges for semi-private rooms - pediatric	0539	Osteopathic service - other
0124	Room charges for semi-private rooms - psychiatric	0540	Ambulance service - general
0125	Room charges for semi-private rooms - hospice	0541	Ambulance service - supplies
0126	Room charges for semi-private rooms - detoxification	0542	Ambulance service - medical transport
0127	Room charges for semi-private rooms - oncology	0543	Ambulance service - heart mobile
0128	Room charges for semi-private rooms - rehabilitation	0544	Ambulance service - oxygen
0129	Room charges for semi-private rooms - other	0545	Ambulance service - air ambulance
0130	Room charges for semi-private - 3/4 beds - rooms - general	0546	Ambulance service - neonatal
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0547	Ambulance service - pharmacy
0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0548	Ambulance service - telephone transmission EKG
0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0549	Ambulance service - other
0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0550	Skilled nursing - general
0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0551	Skilled nursing - visit charge
0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0552	Skilled nursing - hourly charge
0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0559	Skilled nursing - other

0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0560	Medical social services - general
0139	Room charges for semi-private - 3/4 beds - rooms - other	0561	Medical social services - visit charge
0140	Room charges for private (deluxe) rooms - general	0562	Medical social services - hourly charge
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0569	Medical social services - other
0142	Room charges for private (deluxe) rooms - obstetrics	0570	Home health aide - general
0143	Room charges for private (deluxe) rooms - pediatric	0571	Home health aide - visit charge
0144	Room charges for private (deluxe) rooms - psychiatric	0572	Home health aide - hourly charge
0145	Room charges for private (deluxe) rooms - hospice	0579	Home health aide - other
0146	Room charges for private (deluxe) rooms - detoxification	0580	Other visits (home health) - general
0147	Room charges for private (deluxe) rooms - oncology	0581	Other visits (home health) - visit charge
0148	Room charges for private (deluxe) rooms - rehabilitation	0582	Other visits (home health) - hourly charge
0149	Room charges for private (deluxe) rooms - other	0583	Other visits (home health) - assessment
0150	Room charges for ward rooms - general	0589	Other visits (home health) - other
0151	Room charges for ward rooms - medical/surgical/GYN	0590	Units of service (home health) - general
0152	Room charges for ward rooms - obstetrics	0599	Units of service (home health) - other
0153	Room charges for ward rooms - pediatric	0600	Oxygen (home health) - general
0154	Room charges for ward rooms - psychiatric	0601	Oxygen (home health) - stat/equip/supply or contents
0155	Room charges for ward rooms - hospice	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0156	Room charges for ward rooms - detoxification	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0157	Room charges for ward rooms - oncology	0604	Oxygen (home health) - portable add-in
0158	Room charges for ward rooms - rehabilitation	0610	MRI - general
0159	Room charges for ward rooms - other	0611	MRI - brain (including brain stem)
0160	Room charges for other rooms - general	0612	MRI - spinal cord (including spine)
0161	Room charges for other rooms - medical/surgical/GYN	0619	MRI - other
0162	Room charges for other rooms - obstetrics	0621	Medical/surgical supplies - incident to radiology
0163	Room charges for other rooms - pediatric	0622	Medical/surgical supplies - incident to other diagnostic services
0164	Room charges for other rooms - psychiatric	0623	Medical/surgical supplies - surgical dressings
0165	Room charges for other rooms - hospice	0624	Medical/surgical supplies - FDA investigational devices
0166	Room charges for other rooms - detoxification	0630	Drugs requiring specific identification - general
0167	Room charges for other rooms - oncology	0631	Drugs requiring specific identification - single source
0168	Room charges for other rooms - rehabilitation	0632	Drugs requiring specific identification - multiple source
0169	Room charges for other rooms - other	0633	Drugs requiring specific identification - restrictive prescription
0170	Room charges for nursery - general	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0171	Room charges for nursery - newborn level I	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0172	Room charges for nursery - newborn level II	0636	Drugs requiring specific identification - requiring detailed coding
0173	Room charges for nursery - newborn level III	0637	Drugs requiring specific identification - self-adminstrable nto requiring detailed coding
0174	Room charges for nursery - newborn level IV	0640	Home IV therapy services - general
0179	Room charges for nursery - other	0641	Home IV therapy services - nonroutine nursing, central line
0180	Room charges for LOA - general	0642	Home IV therapy services - IV site care, central line

0182	Room charges for LOA - patient convenice-charges billable	0643	Home IV therapy services - IV start/change, peripheral line
0183	Room charges for LOA - therapeutic leave	0644	Home IV therapy services - nonroutine nursing, peripheral line
0184	Room charges for LOA - ICF mentally retarded - any reason	0645	Home IV therapy services - training patient/caregiver, central line
0185	Room charges for LOA - hospitalization	0646	Home IV therapy services - traning, disabled patient, central line
0189	Room charges for LOA - other	0647	Home IV therapy services - training, patient/caregiver, peripheral
0190	Room charges for subacute care - general	0648	Home IV therapy services - training, disabled patient, peripheral
0191	Room charges for subacute care - Level I (skilled care)	0649	Home IV therapy services - other
0192	Room charges for subacute care - Level II (comprehensive care)	0650	Hospice services - general
0193	Room charges for subacute care - Level III (complex care)	0651	Hospice services - routine home care
0194	Room charges for subacute care - Level IV (intensive care)	0652	Hospice services - continuous home care
0199	Room charges for subacute care - other	0655	Hospice services - inpatient respite care
0200	Room charges for intensive care - general	0656	Hospice services - general inpatient care (nonrespite)
0201	Room charges for intensive care - surgical	0657	Hospice services - physician services
0202	Room charges for intensive care - medical	0658	Hospice services - room and board - nursing facility
0203	Room charges for intensive care - pediatric	0659	Hospice services - other
0204	Room charges for intensive care - psychiatric	0660	Respite care - general
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0661	Respite care - hourly charge/skilled nursing
0207	Room charges for intensive care - burn care	0662	Respite care - hourly charge/aide/homemaker/companion
0208	Room charges for intensive care - trauma	0663	Respite care - daily charge
0209	Room charges for intensive care - other	0669	Respite care - other
0210	Room charges for coronary care - general	0670	Outpatient special residence - general
0211	Room charges for coronary care - myocardial infarction	0671	Outpatient special residence - hospital based
0212	Room charges for coronary care - pulmonary care	0672	Outpatient special residence - contracted
0213	Room charges for coronary care - heart transplant	0679	Outpatient special residence - other
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0681	Trauma response - level I
0219	Room charges for coronary care - other	0682	Trauma response - level II
0220	Special charges - general	0683	Trauma response - level III
0221	Special charges - admission charge	0684	Trauma response - level IV
0222	Special charges - technical support charge	0689	Trauma response - other
0223	Special charges - UR service charge	0700	Cast Room services - general
0224	Special charges - late discharge, medically necessary	0709	Cast Room services - other
0229	Special charges - other	0710	Recovery Room services - general
0230	Incremental nursing care - general	0719	Recovery Room services - other
0231	Incremental nursing care - nursery	0720	Labor/Delivery Room services - general
0232	Incremental nursing care - OB	0721	Labor/Delivery Room services - labor
0233	Incremental nursing care - ICU (includes transitional care)	0722	Labor/Delivery Room services - delivery
0234	Incremental nursing care - CCU (includes transitional care)	0723	Labor/Delivery Room services - circumcision
0235	Incremental nursing care - hospice	0724	Labor/Delivery Room services - birthing center
0239	Incremental nursing care - other	0729	Labor/Delivery Room services - other
0240	All-inclusive ancillary - general	0730	EKG/ECG services - general
0249	All-inclusive ancillary - other	0731	EKG/ECG services - holter monitor
0250	Pharmacy - general	0732	EKG/ECG services - telemetry
0251	Pharmacy - generic drugs	0739	EKG/ECG services - other

0252	Pharmacy - nongeneric drugs	0740	EEG services - general
0253	Pharmacy - take-home drugs	0749	EEG services - other
0254	Pharmacy - drugs incident to other diagnostic services	0750	Gastrointestinal services - general
0255	Pharmacy - drugs incident to radiology	0759	Gastrointestinal services - other
0256	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0258	Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room - Observation Room
0259	Pharmacy - other		
0260	IV Therapy - general	0769	Treatment or observation room services - other
0261	IV Therapy - infusion pump	0770	Preventive care services - general
0262	IV Therapy - pharmacy services	0771	Preventive care services - vaccine administration
0263	IV Therapy - durg/supply delivery	0779	Preventive care services - other
0264	IV Therapy - supplies	0780	Telemedicine services - general
0269	IV Therapy - other	0789	Telemedicine services - other
0270	Medical surgical supplies and devices - general	0790	Extra-corporeal shockwave therapy - general
0271	Medical surgical supplies and devices - nonsterile	0799	Extra-corporeal shockwave therapy - other
0272	Medical surgical supplies and devices - sterile		
0273	Medical surgical supplies and devices - take-home		
0274	Medical surgical supplies and devices - prosthetic/orthotic	0800	Inpatient renal dialysis services - general
0275	Medical surgical supplies and devices - pacemaker	0801	Inpatient renal dialysis services - hemodialysis
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0277	Medical surgical supplies and devices - oxygen - take-home	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0278	Medical surgical supplies and devices - other implants	0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0279	Medical surgical supplies and devices - other	0809	Inpatient renal dialysis services - other
0280	Oncology - general	0810	Organ acquisition - general
0289	Oncology - other	0811	Organ acquisition - living donor
0290	DME - general	0812	Organ acquisition - cadaver donor
0291	DME - rental	0813	Organ acquisition - unknown donor
0292	DME - purchase of new	0814	Organ acquisition - unsuccessful organ search- donor bank charges
0293	DME - purchase of used	0819	Organ acquisition - other donor
0294	DME - supplies/drugs for DME effectiveness	0820	Hemodialysis - outpatient or home - general
0299	DME - other equipment	0821	Hemodialysis - outpatient or home - composite or other rate
0300	Laboratory - general	0825	Hemodialysis - outpatient or home - support services
0301	Laboratory - chemistry	0829	Hemodialysis - outpatient or home - other
0302	Laboratory - immunology	0830	Peritoneal dialysis - outpatient or home - general
0303	Laboratory - renal patient (home)	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0304	Laboratory - nonroutine dialysis	0835	Peritoneal dialysis - outpatient or home - support services
0305	Laboratory - hemotology	0839	Peritoneal dialysis - outpatient or home - other
0306	Laboratory - bacteriology and microbiology	0840	CAPD - outpatient or home - general
0307	Laboratory - urology	0841	CAPD - outpatient or home - composite or other rate
0309	Laboratory - other	0845	CAPD - outpatient or home - support services
0310	Laboratory pathological - general	0849	CAPD - outpatient or home - other
0311	Laboratory pathological - cytology	0850	CCPD - outpatient or home - general
0312	Laboratory pathological - histology	0851	CCPD - outpatient or home - composite or other rate

Code	Description	Code	Description
0313	Laboratory pathological - biopsy	0855	CCPD - outpatient or home - support services
0319	Laboratory pathological - other	0859	CCPD - outpatient or home - other
0320	Radiology - diagnostic - general	0880	Miscellaneous dialysis - general
0321	Radiology - diagnostic - angiocardiography	0881	Miscellaneous dialysis - ultrafiltration
0322	Radiology - diagnostic - arthrography	0882	Miscellaneous dialysis - home aide visit
0323	Radiology - diagnostic - arteriography	0889	Miscellaneous dialysis - other
0324	Radiology - diagnostic - chest x-ray	0900	Behavior health reatments/services - general
0329	Radiology - diagnostic - other	0901	Behavior health treatments/services - electroshock
0330	Radiology - therapeutic and/or chemotherapy adminstration - general	0902	Behavior health treatments/services - milieu therapy
0331	Radiology - therapeutic and/or chemotherapy adminstration - chemotherapy - injected	0903	Behavioral health treatments/services - play therapy
0332	Radiology - therapeutic and/or chemotherapy adminstration - chemotherapy - oral	0904	Behavior health treatments/services - activity therapy
0333	Radiology - therapeutic and/or chemotherapy adminstration - radiation therapy	0905	Behavior health treatments/services - intensive outpatient services - psychiatric
0335	Radiology - therapeutic and/or chemotherapy adminstration - chemotherapy - IV	0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0339	Radiology - therapeutic and/or chemotherapy adminstration - other	0907	Behavior health treatments/services - community behavioral health program
0340	Nuclear medicine - general	0909	Behavior health treatments - other
0341	Nuclear medicine - diagnostic procedures	0910	Reserved
0342	Nuclear medicine - therapeutic procedures	0911	Behavior health treatment/services - rehabilitation
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0912	Behavior health treatment/services - partial hospitalization - less intensive
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0913	Behavior health treatment/services - partial hospitalization - intensive
0349	Nuclear medicine - other	0914	Behavior health treatment/services - individual therapy
0350	CT scan - general	0915	Behavior health treatment/services - group therapy
0351	CT scan - head	0916	Behavior health treatment/services - family therapy
0352	CT scan - body	0917	Behavior health treatment/services - biofeedback
0359	CT scan - other	0918	Behavior health treatment/services - testing
0360	Operating room services - general	0919	Behavior health treatment/services - other
0361	Operating room services - minor surgery	0920	Other diagnostic services - general
0362	Operating room services - organ transplant other than kidney	0921	Other diagnostic services - peripheral vascular lab
0367	Operating room services - kidney transplant	0922	Other diagnostic services - electromyelogram
0369	Operating room services - other	0923	Other diagnostic services - pap smear
0370	Anesthesia - general	0924	Other diagnostic services - allergy test
0371	Anesthesia - incident to radiology	0925	Other diagnostic services - pregnancy test
0372	Anesthesia - incident to other diagnostic services	0929	Other diagnostic services - other
0374	Anesthesia - acupuncture	0931	Medical rehabilitation day program - half day
0379	Anesthesia - other	0932	Medical rehabilitation day program - full day
0380	Blood - general	0940	Other therapeutic services - general
0381	Blood - packed red cells	0941	Other therapeutic services - recreational therapy
0382	Blood - whole blood	0942	Other therapeutic services - education/training
0383	Blood - plasma	0943	Other therapeutic services - cardiac rehabilitation
0384	Blood - platelets	0944	Other therapeutic services - drug rehabilitation
0385	Blood - leukocytes	0945	Other therapeutic services - alcohol rehabilitation
0386	Blood - other components	0946	Other therapeutic services - complex medical equipment - routine
0387	Blood - other derivatives (cryoprecipitates)	0947	Other therapeutic services - complex medical equipment - ancillary
0389	Blood - other	0949	Other therapeutic services - other

Code	Description	Code	Description
0390	Blood amd blood component administration, storage and processing - general	0960	Professional fees - general
0391	Blood and blood component administration, storage and processing - administration	0961	Professional fees - psychiatric
0399	Blood and blood component administration, storage and processing - other	0962	Professional fees - ophthalmology
0400	Other imaging services - general	0963	Professional fees - anesthesiologist (MD)
0401	Other imaging services - diagnostic mammography	0964	Professional fees - anesthetist (CRNA)
0402	Other imaging services - ultrasound	0969	Professional fees - other
0403	Other imaging services - screening mammography	0970	Professional fees - general
0404	Other imaging services - PET	0971	Professional fees - laboratory
0409	Other imaging services - other	0972	Professional fees - radiology - diagnostic
0410	Respiratory services - general	0973	Professional fees - radiology - therapeutic
0412	Respiratory services - inhalation	0974	Professional fees - readiology - nuclear medicine
0413	Respiratory services - hyperbaric oxygen therapy	0975	Professional fees - operating room
0419	Respiratory services - other	0976	Professional fees - respiratory therapy
0420	Physical therapy - general	0977	Professional fees - physical therapy
0421	Physical therapy - visit charge	0978	Professional fees - occupational therapy
0422	Physical therapy - hourly charge	0979	Professional fees - speech therapy
0423	Physical therapy - group rate	0980	Professional fees - general
0424	Physical therapy - evaluation or reevaluation	0981	Professional fees - emergency room
0429	Physical therapy - other	0982	Professional fees - outpatient services
0430	Occupational therapy - general	0983	Professional fees - clinic
0431	Occupational therapy - visit charge	0984	Professional fees - medical social services
0432	Occupational therapy - hourly charge	0985	Professional fees - EKG
0433	Occupational therapy - group rate	0986	Professional fees - EEG
0434	Occupational therapy - evaluation or reevaluation	0987	Professional fees - hospital visit
0439	Occupational therapy - other	0988	Professional fees - consultation
0440	Speech-language pathology - general	0989	Professional fees - private duty nurse
0441	Speech-language pathology - visit charge	0990	Patient convenience items - general
0442	Speech-language pathology - hourly charge	0991	Patient convenience items - cafeteria/guest tray
0443	Speech-language pathology - group rate	0992	Patient convenience items - private linen service
0444	Speech-language pathology - evaluation or reevaluation	0993	Patient convenience items - telephone/telegraph
0449	Speech-language pathology - other	0994	Patient convenience items - TV/radio
0450	Emergency room - general	0995	Patient convenience items - nonpatient room rentals
0451	Emergency room - EMTALA emergency medical screening services	0996	Patient convenience items - late discharge charge
0452	Emergency room - beyond EMTALA screening	0997	Patient convenience items - admission kits
0456	Emergency room - urgent care	0998	Patient convenience items - beauty shop/barber
0459	Emergency room - other	0999	Patient convenience items - other
0460	Pulmonary function - general	1000	Behavior health accommodations - general
0469	Pulmonary function - other	1001	Behavior health accommodations - residential treatment - psychiatric
0470	Audiology - general	1002	Behavior health accommodations - residential treatment - chemical dependency
0471	Audiology - diagnostic	1003	Behavior health accommodations - supervised living
0472	Audiology - treatment	1004	Behavior health accommodations - halfway house
0479	Audiology - other	1005	Behavior health accommodations - group home
0480	Cardiology - general	2100	Alternative therapy services - general
0481	Cardiology - cardiac cath lab	2101	Alternative therapy services - acupuncture
0482	Cardiology - stress test	2102	Alternative therapy services - acupressure
0483	Cardiology - echocardiology	2103	Alternative therapy services - massage
0489	Cardiology - other	2104	Alternative therapy services - reflexology

0490	Ambulatory surgical care - general	2105	Alternative therapy services - biofeedback
0499	Ambulatory surgical care - other	2106	Alternative therapy services - hypnosis
0500	Outpatient services - general	2109	Alternative therapy services - other
0509	Outpatient services - other	3101	Adult day care, medical and social - hourly
0510	Clinic - general	3102	Adult day care, social - hourly
0511	Clinic - chronic pain	3103	Adult day care, medical and social - daily
0512	Clinic - dental	3104	Adult day care, social - daily
0513	Clinic - psychiatric	3105	Adult foster care - daily
0514	Clinic - OB/GYN	3109	Adult foster care - other
0515	Clinic - pediatric		

Beginning Position:	13	**Data Source:**	Claim
Length:	4	**Type:**	Alphanumeric

Field 3:	**HCPCS_QUALIFIER**		
Description:			
Beginning Position:	17	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 4	**HCPCS_PROCEDURE_CODE**		
Description:	HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.		
Coding Scheme:	See *http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp* for complete list.		
Beginning Position:	19	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric

Field 5:	**MODIFIER_1**		
Description:	Identifies special circumstances related to the performance of the service		

Coding Scheme:				
0	No assessment completed	F2	Left hand, third digit
1	Medicare 5 day assessment (full)	F3	Left hand, fourth digit
2	Medicare 30 day assessment (full)	F4	Left hand, fifth digit
3	Medicare 60 day assessment (full)	F5	Right hand, thumb
4	Medicare 90 day assessment (full)	F6	Right hand, second digit
7	Medicare 14 day assessment (comprehensive or full)	F7	Right hand, third digit
8	Other Medicare required assessment (OMRA)	F8	Right hand, fourth digit
11	Admission assessment - Medicare 5 day assessment (comprehensive)	F9	Right hand, fifth digit
25	Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure o	FA	Left hand, thumb
31	SCSA or OMRA/Medicare 5 day assessment (replacement)	G1	Most recent URR of less than 60%
32	SCSA or OMRA/Medicare 30 day assessment (replacement)	G2	Most recent URR of 60% to 64%
33	SCSA or OMRA/Medicare 60 day assessment (replacement)	G3	Most recent URR of 65% to 69.9%
34	SCSA or OMRA/Medicare 90 day assessment (replacement)	G4	Most recent URR of 70% to 74.9%
37	SCSA or OMRA/Medicare 14 day assessment (replacement)	G5	Most recent URR of 75% or greater
38	Significant change in status assessment (SCSA)	GN	Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care.
41	Significant correction of prior full assessment/Medicare 5 day assessment	GO	Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care.
42	Significant correction of prior full assessment/Medicare 30 day assessment	GP	Service delivered personally by an physical therapist or under an outpatient physical therapy plan of care.
43	Significant correction of prior full assessment/Medicare 60 day assessment	LC	Left circulflex coronary artery
44	Significant correction of prior full assessment/Medicare 90 day assessment	LD	Left anterior descending coronary artery
47	Significant correction of prior full assessment/Medicare 14 day assessment	LT	Left side of the body procedure
48	Significant correction of prior full assessment/OMRA or SCSA	QM	Ambulance service provided under arrangement by a provider of services

50	Bilateral procedure	QN	Ambulance service furnished directly by a provider of services
52	Reduced services	QP	Documentation exists showing that the laboratory test(s) was ordered individually, or as CPT-recognized panel other than profil
53	Discontinued procedure	RC	Right coronary artery
54	Quarterly review assessment - Medicare 90 assessment (full)	RT	Right side of the body procedure
58	Staged or related procedure or service by the same physician during the postoperative period	T1	Left foot, second digit
59	Distinct procedural service	T2	Left foot, third digit
76	Repeat procedure by same physician	T3	Left foot, fourth digit
77	Repeat procedure by another physician	T4	Left foot, fifth digit
78	Return to the operating room for a related procedure during the postoperative period	T5	Right foot, great toe
79	Unrelated procedure of service by the same physician during the postoperative period	T6	Right foot, second digit
E1	Upper left eyelid	T7	Right foot, third digit
E2	Lower left eyelid	T8	Right foot, fourth digit
E3	Upper right eyelid	T9	Right foot, fifth digit
E4	Lower right eyelid	TA	Left foot, great toe
F1	Left hand, second digit		

Beginning Position:	24	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 6:	**MODIFIER_2**		
Description:	Identifies special circumstances related to the performance of the service.		
Coding Scheme:	Same as Field 5		
Beginning Position:	26	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 7:	**MODIFIER_3**		
Description:	Identifies special circumstances related to the performance of the service.		
Coding Scheme:	Same as Field 5		
Beginning Position:	28	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 8:	**MODIFIER_4**		
Description:	Identifies special circumstances related to the performance of the service.		
Coding Scheme:	Same as Field 5		
Beginning Position:	30	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 9:	**UNIT_MEASUREMENT_CODE**		
Description:	Code specifying the units in which a value is being expressed.		
Coding Scheme:	DA Days F2 International unit UN Unit		
Beginning Position:	32	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 10:	**UNITS_OF_SERVICE**		
Description:	Numeric value of quantity		
Beginning Position:	34	**Data Source:**	Claim
Length:	7	**Type:**	Numeric
Field 11:	**UNIT_RATE**		
Description:	Rate per unit		
Beginning Position:	41	**Data Source:**	Claim
Length:	12	**Type:**	Numeric
Field 12:	**CHRGS_LINE_ITEM**		
Description:	Total amount of the charge		
Beginning Position:	53	**Data Source:**	Assigned
Length:	14	**Type:**	Numeric
Field 13:	**CHRGS_NON_COV**		

Description:	Total non-covered amount of the charge		
Beginning Position:	67	**Data Source:**	Assigned
Length:	14	**Type:**	Numeric

Facility Type Indicator File

Facility type indicators provided by the facilities. Provide the data user with information on the type of facility providing the outpatient service.

Field 1:	**THCIC_ID**		
Description:	Provider ID. Unique identifier assigned to the provider by DSHS.		
Beginning Position:	1	**Data Source:**	Assigned
Length:	6	**Type:**	Alphanumeric
Field 2	**PROVIDER_NAME**		
Description:	Hospital name provided by the hospital.		
Beginning Position:	7	**Data Source:**	Provider
Length:	55	**Type:**	Alphanumeric
Field 3:	**FAC_TEACHING_IND**		
Description:	Teaching Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Coding Scheme:	A Member, Council of Teaching Hospitals		
	X Other teaching facility		
Beginning Position:	62	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 4:	**FAC_PSYCH_IND**		
Description:	Psychiatric Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	63	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 5:	**FAC_REHAB_IND**		
Description:	Rehabilitation Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	64	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 6:	**FAC_ACUTE_CARE_IND**		
Description:	Acute Care Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	65	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 7:	**FAC_SNF_IND**		
Description:	Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	66	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 8:	**FAC_LONG_TERM_AC_IND**		
Description:	Long Term Acute Care Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	67	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 9:	**FAC_OTHER_LTC_IND**		
Description:	Other Long Term Care Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	68	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 10:	**FAC_PEDS_IND**		
Description:	Pediatric Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		

Coding Scheme:	C Member, National Association of Children's Hospitals and Related Institutions (NACHRI)
	X Facilities that also treat children
Beginning Position:	69 **Data Source:** Provider
Length:	1 **Type:** Alphanumeric

Fields that are shaded are not available in this release of data.

Base Data #1 File

Number	FIELD NAME (*Base Data #1 File*)	Position	Length	Field Type
1	RECORD_ID Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).	1	12	Alphanumeric
2	DISCHARGE	13	6	Alphanumeric
3	THCIC_ID	19	6	Alphanumeric
4	PROVIDER_NAME	25	55	Alphanumeric
5	TYPE_OF_ADMISSION	80	1	Alphanumeric
6	SOURCE_OF_ADMISSION	81	1	Alphanumeric
7	SPEC_UNIT_1	82	1	Alphanumeric
8	SPEC_UNIT_2	83	1	Alphanumeric
9	SPEC_UNIT_3	84	1	Alphanumeric
10	SPEC_UNIT_4	85	1	Alphanumeric
11	SPEC_UNIT_5	86	1	Alphanumeric
12	PAT_STATE	87	2	Alphanumeric
13	PAT_ZIP	89	5	Alphanumeric
14	PAT_COUNTRY	94	2	Alphanumeric
15	COUNTY	96	3	Alphanumeric
16	PUBLIC_HEALTH_REGION	99	2	Alphanumeric
17	PAT_STATUS	101	2	Alphanumeric
18	SEX_CODE	103	1	Alphanumeric
19	RACE	104	1	Alphanumeric
20	ETHNICITY	105	1	Alphanumeric
21	ADMIT_WEEKDAY	106	1	Alphanumeric
22	LENGTH_OF_STAY	107	4	Alphanumeric
23	PAT_AGE	111	2	Alphanumeric
24	FIRST_PAYMENT_SRC	113	2	Alphanumeric
25	SECONDARY_PAYMENT_SRC	115	2	Alphanumeric
26	TYPE_OF_BILL	117	3	Alphanumeric
27	TOTAL_CHARGES	120	12	Numeric
28	TOTAL_NON_COV_CHARGES	132	12	Numeric
29	TOTAL_CHARGES_ACCOMM	144	12	Numeric
30	TOTAL_NON_COV_CHARGES_ACCOMM	156	12	Numeric
31	TOTAL_CHARGES_ANCIL	168	12	Numeric
32	TOTAL_NON_COV_CHARGES_ANCIL	180	12	Numeric
33	POA_PROVIDER_INDICATOR	192	1	Alphanumeric

Number	FIELD NAME (*Base Data #1 File*)	Position	Length	Field Type
34	ADMITTING_DIAGNOSIS	193	6	Alphanumeric
35	PRINC_DIAG_CODE	199	6	Alphanumeric
36	POA_PRINC_DIAG_CODE	205	1	Alphanumeric
37	OTH_DIAG_CODE_1	206	6	Alphanumeric
38	POA_OTH_DIAG_CODE_1	212	1	Alphanumeric
39	OTH_DIAG_CODE_2	213	6	Alphanumeric
40	POA_OTH_DIAG_CODE_2	219	1	Alphanumeric
41	OTH_DIAG_CODE_3	220	6	Alphanumeric
42	POA_OTH_DIAG_CODE_3	226	1	Alphanumeric
43	OTH_DIAG_CODE_4	227	6	Alphanumeric
44	POA_OTH_DIAG_CODE_4	233	1	Alphanumeric
45	OTH_DIAG_CODE_5	234	6	Alphanumeric
46	POA_OTH_DIAG_CODE_5	240	1	Alphanumeric
47	OTH_DIAG_CODE_6	241	6	Alphanumeric
48	POA_OTH_DIAG_CODE_6	247	1	Alphanumeric
49	OTH_DIAG_CODE_7	248	6	Alphanumeric
50	POA_OTH_DIAG_CODE_7	254	1	Alphanumeric
51	OTH_DIAG_CODE_8	255	6	Alphanumeric
52	POA_OTH_DIAG_CODE_8	261	1	Alphanumeric
53	OTH_DIAG_CODE_9	262	6	Alphanumeric
54	POA_OTH_DIAG_CODE_9	268	1	Alphanumeric
55	OTH_DIAG_CODE_10	269	6	Alphanumeric
56	POA_OTH_DIAG_CODE_10	275	1	Alphanumeric
57	OTH_DIAG_CODE_11	276	6	Alphanumeric
58	POA_OTH_DIAG_CODE_11	282	1	Alphanumeric
59	OTH_DIAG_CODE_12	283	6	Alphanumeric
60	POA_OTH_DIAG_CODE_12	289	1	Alphanumeric
61	OTH_DIAG_CODE_13	290	6	Alphanumeric
62	POA_OTH_DIAG_CODE_13	296	1	Alphanumeric
63	OTH_DIAG_CODE_14	297	6	Alphanumeric
64	POA_OTH_DIAG_CODE_14	303	1	Alphanumeric
65	OTH_DIAG_CODE_15	304	6	Alphanumeric
66	POA_OTH_DIAG_CODE_15	310	1	Alphanumeric
67	OTH_DIAG_CODE_16	311	6	Alphanumeric
68	POA_OTH_DIAG_CODE_16	317	1	Alphanumeric
69	OTH_DIAG_CODE_17	318	6	Alphanumeric
70	POA_OTH_DIAG_CODE_17	324	1	Alphanumeric
71	OTH_DIAG_CODE_18	325	6	Alphanumeric
72	POA_OTH_DIAG_CODE_18	331	1	Alphanumeric
73	OTH_DIAG_CODE_19	332	6	Alphanumeric
74	POA_OTH_DIAG_CODE_19	338	1	Alphanumeric
75	OTH_DIAG_CODE_20	339	6	Alphanumeric
76	POA_OTH_DIAG_CODE_20	345	1	Alphanumeric
77	OTH_DIAG_CODE_21	346	6	Alphanumeric
78	POA_OTH_DIAG_CODE_21	352	1	Alphanumeric
79	OTH_DIAG_CODE_22	353	6	Alphanumeric
80	POA_OTH_DIAG_CODE_22	359	1	Alphanumeric

Number	FIELD NAME *(Base Data #1 File)*	Position	Length	Field Type
81	OTH_DIAG_CODE_23	360	6	Alphanumeric
82	POA_OTH_DIAG_CODE_23	366	1	Alphanumeric
83	OTH_DIAG_CODE_24	367	6	Alphanumeric
84	POA_OTH_DIAG_CODE_24	373	1	Alphanumeric
85	E_CODE_1	374	6	Alphanumeric
86	POA_E_CODE_1	380	1	Alphanumeric
87	E_CODE_2	381	6	Alphanumeric
88	POA_E_CODE_2	387	1	Alphanumeric
89	E_CODE_3	388	6	Alphanumeric
90	POA_E_CODE_3	394	1	Alphanumeric
91	E_CODE_4	395	6	Alphanumeric
92	POA_E_CODE_4	401	1	Alphanumeric
93	E_CODE_5	402	6	Alphanumeric
94	POA_E_CODE_5	408	1	Alphanumeric
95	E_CODE_6	409	6	Alphanumeric
96	POA_E_CODE_6	415	1	Alphanumeric
97	E_CODE_7	416	6	Alphanumeric
98	POA_E_CODE_7	422	1	Alphanumeric
99	E_CODE_8	423	6	Alphanumeric
100	POA_E_CODE_8	429	1	Alphanumeric
101	E_CODE_9	430	6	Alphanumeric
102	POA_E_CODE_9	436	1	Alphanumeric
103	E_CODE_10	437	6	Alphanumeric
104	POA_E_CODE_10	443	1	Alphanumeric
105	PRINC_SURG_PROC_CODE	444	7	Alphanumeric
106	PRINC_SURG_PROC_DAY	451	4	Alphanumeric
107	PRINC_ICD9_CODE	455	5	Alphanumeric
108	OTH_SURG_PROC_CODE_1	460	7	Alphanumeric
109	OTH_SURG_PROC_DAY_1	467	4	Alphanumeric
110	OTH_ICD9_CODE_1	471	5	Alphanumeric
111	OTH_SURG_PROC_CODE_2	476	7	Alphanumeric
112	OTH_SURG_PROC_DAY_2	483	4	Alphanumeric
113	OTH_ICD9_CODE_2	487	5	Alphanumeric
114	OTH_SURG_PROC_CODE_3	492	7	Alphanumeric
115	OTH_SURG_PROC_DAY_3	499	4	Alphanumeric
116	OTH_ICD9_CODE_3	503	5	Alphanumeric
117	OTH_SURG_PROC_CODE_4	508	7	Alphanumeric
118	OTH_SURG_PROC_DAY_4	515	4	Alphanumeric
119	OTH_ICD9_CODE_4	519	5	Alphanumeric
120	OTH_SURG_PROC_CODE_5	524	7	Alphanumeric
121	OTH_SURG_PROC_DAY_5	531	4	Alphanumeric
122	OTH_ICD9_CODE_5	535	5	Alphanumeric
123	OTH_SURG_PROC_CODE_6	540	7	Alphanumeric
124	OTH_SURG_PROC_DAY_6	547	4	Alphanumeric
125	OTH_ICD9_CODE_6	551	5	Alphanumeric
126	OTH_SURG_PROC_CODE_7	556	7	Alphanumeric
127	OTH_SURG_PROC_DAY_7	563	4	Alphanumeric

Number	FIELD NAME (*Base Data #1 File*)	Position	Length	Field Type
128	OTH_ICD9_CODE_7	567	5	Alphanumeric
129	OTH_SURG_PROC_CODE_8	572	7	Alphanumeric
130	OTH_SURG_PROC_DAY_8	579	4	Alphanumeric
131	OTH_ICD9_CODE_8	583	5	Alphanumeric
132	OTH_SURG_PROC_CODE_9	588	7	Alphanumeric
133	OTH_SURG_PROC_DAY_9	595	4	Alphanumeric
134	OTH_ICD9_CODE_9	599	5	Alphanumeric
135	OTH_SURG_PROC_CODE_10	604	7	Alphanumeric
136	OTH_SURG_PROC_DAY_10	611	4	Alphanumeric
137	OTH_ICD9_CODE_10	615	5	Alphanumeric
138	OTH_SURG_PROC_CODE_11	620	7	Alphanumeric
139	OTH_SURG_PROC_DAY_11	627	4	Alphanumeric
140	OTH_ICD9_CODE_11	631	5	Alphanumeric
141	OTH_SURG_PROC_CODE_12	636	7	Alphanumeric
142	OTH_SURG_PROC_DAY_12	643	4	Alphanumeric
143	OTH_ICD9_CODE_12	647	5	Alphanumeric
144	OTH_SURG_PROC_CODE_13	652	7	Alphanumeric
145	OTH_SURG_PROC_DAY_13	659	4	Alphanumeric
146	OTH_ICD9_CODE_13	663	5	Alphanumeric
147	OTH_SURG_PROC_CODE_14	668	7	Alphanumeric
148	OTH_SURG_PROC_DAY_14	675	4	Alphanumeric
149	OTH_ICD9_CODE_14	679	5	Alphanumeric
150	OTH_SURG_PROC_CODE_15	684	7	Alphanumeric
151	OTH_SURG_PROC_DAY_15	691	4	Alphanumeric
152	OTH_ICD9_CODE_15	695	5	Alphanumeric
153	OTH_SURG_PROC_CODE_16	700	7	Alphanumeric
154	OTH_SURG_PROC_DAY_16	707	4	Alphanumeric
155	OTH_ICD9_CODE_16	711	5	Alphanumeric
156	OTH_SURG_PROC_CODE_17	716	7	Alphanumeric
157	OTH_SURG_PROC_DAY_17	723	4	Alphanumeric
158	OTH_ICD9_CODE_17	727	5	Alphanumeric
159	OTH_SURG_PROC_CODE_18	732	7	Alphanumeric
160	OTH_SURG_PROC_DAY_18	739	4	Alphanumeric
161	OTH_ICD9_CODE_18	743	5	Alphanumeric
162	OTH_SURG_PROC_CODE_19	748	7	Alphanumeric
163	OTH_SURG_PROC_DAY_19	755	4	Alphanumeric
164	OTH_ICD9_CODE_19	759	5	Alphanumeric
165	OTH_SURG_PROC_CODE_20	764	7	Alphanumeric
166	OTH_SURG_PROC_DAY_20	771	4	Alphanumeric
167	OTH_ICD9_CODE_20	775	5	Alphanumeric
168	OTH_SURG_PROC_CODE_21	780	7	Alphanumeric
169	OTH_SURG_PROC_DAY_21	787	4	Alphanumeric
170	OTH_ICD9_CODE_21	791	5	Alphanumeric
171	OTH_SURG_PROC_CODE_22	796	7	Alphanumeric
172	OTH_SURG_PROC_DAY_22	803	4	Alphanumeric
173	OTH_ICD9_CODE_22	807	5	Alphanumeric
174	OTH_SURG_PROC_CODE_23	812	7	Alphanumeric

Number	FIELD NAME (*Base Data #1 File*)	Position	Length	Field Type
175	OTH_SURG_PROC_DAY_23	819	4	Alphanumeric
176	OTH_ICD9_CODE_23	823	5	Alphanumeric
177	OTH_SURG_PROC_CODE_24	828	7	Alphanumeric
178	OTH_SURG_PROC_DAY_24	835	4	Alphanumeric
179	OTH_ICD9_CODE_24	839	5	Alphanumeric
180	MS_MDC	844	2	Alphanumeric
181	MS_DRG	846	3	Alphanumeric
182	MS_GROUPER_VERSION_NBR	849	5	Alphanumeric
183	MS_GROUPER_ERROR_CODE	854	2	Alphanumeric
184	APR_MDC	856	2	Alphanumeric
185	APR_DRG	858	4	Alphanumeric
186	RISK_MORTALITY	862	1	Alphanumeric
187	ILLNESS_SEVERITY	863	1	Alphanumeric
188	APR_GROUPER_VERSION_NBR	864	5	Alphanumeric
189	APR_GROUPER_ERROR_CODE	869	2	Alphanumeric
190	ATTENDING_PHYSICIAN_UNIF_ID	871	10	Alphanumeric
191	OPERATING_PHYSICIAN_UNIF_ID	881	10	Alphanumeric
192	ENCOUNTER_INDICATOR	891	2	Alphanumeric
193	CERT_STATUS	893	1	Alphanumeric
194	FILLER_SPACE	894	57	Alphanumeric
	RECORD_LENGTH		950	

Base Data #2 File

Number	FIELD NAME (*Base Data #2 File*)	Position	Length	Field Type
1	RECORD_ID Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).	1	12	Alphanumeric
2	PRIVATE_AMOUNT	13	12	Numeric
3	SEMI_PRIVATE_AMOUNT	25	12	Numeric
4	WARD_AMOUNT	37	12	Numeric
5	ICU_AMOUNT	49	12	Numeric
6	CCU_AMOUNT	61	12	Numeric
7	OTHER_AMOUNT	73	12	Numeric
8	PHARM_AMOUNT	85	12	Numeric
9	MEDSURG_AMOUNT	97	12	Numeric
10	DME_AMOUNT	109	12	Numeric
11	USED_DME_AMOUNT	121	12	Numeric
12	PT_AMOUNT	133	12	Numeric
13	OT_AMOUNT	145	12	Numeric
14	SPEECH_AMOUNT	157	12	Numeric
15	IT_AMOUNT	169	12	Numeric
16	BLOOD_AMOUNT	181	12	Numeric
17	BLOOD_ADM_AMOUNT	193	12	Numeric
18	OR_AMOUNT	205	12	Numeric
19	LITH_AMOUNT	217	12	Numeric
20	CARD_AMOUNT	229	12	Numeric

Number	FIELD NAME (*Base Data #2 File*)	Position	Length	Field Type
21	ANES_AMOUNT	241	12	Numeric
22	LAB_AMOUNT	253	12	Numeric
23	RAD_AMOUNT	265	12	Numeric
24	MRI_AMOUNT	277	12	Numeric
25	OP_AMOUNT	289	12	Numeric
26	ER_AMOUNT	301	12	Numeric
27	AMBULANCE_AMOUNT	313	12	Numeric
28	PRO_FEE_AMOUNT	325	12	Numeric
29	ORGAN_AMOUNT	337	12	Numeric
30	ESRD_AMOUNT	349	12	Numeric
31	CLINIC_AMOUNT	361	12	Numeric
32	OCCUR_CODE_1	373	2	Alphanumeric
33	OCCUR_DAY_1	375	4	Alphanumeric
34	OCCUR_CODE_2	379	2	Alphanumeric
35	OCCUR_DAY_2	381	4	Alphanumeric
36	OCCUR_CODE_3	385	2	Alphanumeric
37	OCCUR_DAY_3	387	4	Alphanumeric
38	OCCUR_CODE_4	391	2	Alphanumeric
39	OCCUR_DAY_4	393	4	Alphanumeric
40	OCCUR_CODE_5	397	2	Alphanumeric
41	OCCUR_DAY_5	399	4	Alphanumeric
42	OCCUR_CODE_6	403	2	Alphanumeric
43	OCCUR_DAY_6	405	4	Alphanumeric
44	OCCUR_CODE_7	409	2	Alphanumeric
45	OCCUR_DAY_7	411	4	Alphanumeric
46	OCCUR_CODE_8	415	2	Alphanumeric
47	OCCUR_DAY_8	417	4	Alphanumeric
48	OCCUR_CODE_9	421	2	Alphanumeric
49	OCCUR_DAY_9	423	4	Alphanumeric
50	OCCUR_CODE_10	427	2	Alphanumeric
51	OCCUR_DAY_10	429	4	Alphanumeric
52	OCCUR_CODE_11	433	2	Alphanumeric
53	OCCUR_DAY_11	435	4	Alphanumeric
54	OCCUR_CODE_12	439	2	Alphanumeric
55	OCCUR_DAY_12	441	4	Alphanumeric
56	OCCUR_SPAN_CODE_1	445	2	Alphanumeric
57	OCCUR_SPAN_FROM_1	447	6	Alphanumeric
58	OCCUR_SPAN_THRU_1	453	6	Alphanumeric
59	OCCUR_SPAN_CODE_2	459	2	Alphanumeric
60	OCCUR_SPAN_FROM_2	461	6	Alphanumeric
61	OCCUR_SPAN_THRU_2	467	6	Alphanumeric
62	OCCUR_SPAN_CODE_3	473	2	Alphanumeric
63	OCCUR_SPAN_FROM_3	475	6	Alphanumeric
64	OCCUR_SPAN_THRU_3	481	6	Alphanumeric
65	OCCUR_SPAN_CODE_4	487	2	Alphanumeric
66	OCCUR_SPAN_FROM_4	489	6	Alphanumeric
67	OCCUR_SPAN_THRU_4	495	6	Alphanumeric

Number	FIELD NAME (*Base Data #2 File*)	Position	Length	Field Type
68	CONDITION_CODE_1	501	2	Alphanumeric
69	CONDITION_CODE_2	503	2	Alphanumeric
70	CONDITION_CODE_3	505	2	Alphanumeric
71	CONDITION_CODE_4	507	2	Alphanumeric
72	CONDITION_CODE_5	509	2	Alphanumeric
73	CONDITION_CODE_6	511	2	Alphanumeric
74	CONDITION_CODE_7	513	2	Alphanumeric
75	CONDITION_CODE_8	515	2	Alphanumeric
76	VALUE_CODE_1	517	2	Alphanumeric
77	VALUE_AMOUNT_1	519	9	Numeric
78	VALUE_CODE_2	528	2	Alphanumeric
79	VALUE_AMOUNT_2	530	9	Numeric
80	VALUE_CODE_3	539	2	Alphanumeric
81	VALUE_AMOUNT_3	541	9	Numeric
82	VALUE_CODE_4	550	2	Alphanumeric
83	VALUE_AMOUNT_4	552	9	Numeric
84	VALUE_CODE_5	561	2	Alphanumeric
85	VALUE_AMOUNT_5	563	9	Numeric
86	VALUE_CODE_6	572	2	Alphanumeric
87	VALUE_AMOUNT_6	574	9	Numeric
88	VALUE_CODE_7	583	2	Alphanumeric
89	VALUE_AMOUNT_7	585	9	Numeric
90	VALUE_CODE_8	594	2	Alphanumeric
91	VALUE_AMOUNT_8	596	9	Numeric
92	VALUE_CODE_9	605	2	Alphanumeric
93	VALUE_AMOUNT_9	607	9	Numeric
94	VALUE_CODE_10	616	2	Alphanumeric
95	VALUE_AMOUNT_10	618	9	Numeric
96	VALUE_CODE_11	627	2	Alphanumeric
97	VALUE_AMOUNT_11	629	9	Numeric
98	VALUE_CODE_12	638	2	Alphanumeric
99	VALUE_AMOUNT_12	640	9	Numeric
100	FILLER_SPACE	649	52	Alphanumeric
	RECORD_LENGTH		700	

Charges Data File

Number	FIELD NAME	Position	Length	Field Type
1	RECORD_ID Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).	1	12	Alphanumeric
2	REVENUE_CODE	13	4	Alphanumeric
3	HCPCS_QUALIFIER	17	2	Alphanumeric
4	HCPCS_PROCEDURE_CODE	19	5	Alphanumeric
5	MODIFIER_1	24	2	Alphanumeric
6	MODIFIER_2	26	2	Alphanumeric
7	MODIFIER_3	28	2	Alphanumeric
8	MODIFIER_4	30	2	Alphanumeric
9	UNIT_MEASUREMENT_CODE	32	2	Alphanumeric
10	UNITS_OF_SERVICE	34	7	Numeric
11	UNIT_RATE	41	12	Numeric
12	CHRGS_LINE_ITEM	53	14	Numeric
13	CHRGS_NON_COV	67	14	Numeric
	RECORD_LENGTH		80	

Facility Type Indicator File

Number	FIELD NAME	Position	Length	Field Type
1	THCIC_ID	1	6	Alphanumeric
2	PROVIDER_NAME	7	55	Alphanumeric
3	FAC_TEACHING_IND	62	1	Alphanumeric
4	FAC_PSYCH_IND	63	1	Alphanumeric
5	FAC_REHAB_IND	64	1	Alphanumeric
6	FAC_ACUTE_CARE_IND	65	1	Alphanumeric
7	FAC_SNF_IND	66	1	Alphanumeric
8	FAC_LONG_TERM_AC_IND	67	1	Alphanumeric
9	FAC_OTHER_LTC_IND	68	1	Alphanumeric
10	FAC_PEDS_IND	69	1	Alphanumeric
	RECORD_LENGTH		69	

Texas Hospital Inpatient Discharge Data

Public Use Data File

Reporting Status of Texas Hospitals, 2011

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
Abilene									
091001 Abilene Regional Medical Center		x		x		x		x	
500000 Hendrick Medical Center		x		x		x		x	
688000 Hendrick Center–Extended Care		x		x		x^{lv}		x	
846000 Acadia Abilene		x^{OC}		x		x		x	
920000 Reliant Rehab Hospital Abilene		x		x	x	x		x	x
Addison									
750000 Methodist Hospital for Surgery		x		x		x		x	
Alice									
689401 CHRISTUS Spohn Hospital Alice		x		x		x		x	
Allen									
724200 Texas Health Presbyterian Hospital Allen		x	x	x	x	x	x	x	x
854000 Twin Creeks Hospital		x		x		x		x	
Alpine									
711900 Big Bend Regional Medical Center		x		x		x		x	
Amarillo									
001000 Baptist St Anthonys Health System–Baptist Campus		x		x		x		x	
318000 Northwest Texas Hospital		x		x		x		x	
318001 The Pavilion	318000								
714000 Northwest Texas Surgery Center		x^{lv}		x^{lv}		x^{lv}		x^{lv}	
796000 Plum Creek Specialty Hospital		x		x		x		x	
818000 Kindred Hospital Amarillo		x		x		x		x	x
841400 Kindred Rehabilitation Hospital Amarillo		x		x		x		x	
852900 Physicians Surgical Hospital–Quail Creek		x		x		x		x	
852901 Physicians Surgical Hospital–Panhandle Campus		x		x		x		x	
Anahuac									
442000 Bayside Community Hospital		*		*		*		*	
Andrews									
187000 Permian Regional Medical Center		*		*		*		*	
Angleton									
126000 Angleton Danbury Medical Center		x		x		x		x	
Anson									
016000 Anson General Hospital		*		*		*		*	
Aransas Pass									
239001 Care Regional Medical Center		x		x		x	x	x	
Arlington									
100084 Sundance Hospital		x		OC		x		x	
409001 Diagnostic & Surgery Center–Arlington Last reports 3rd quarter 2011		***		***		***			
422000 Texas Health Arlington Memorial Hospital		x	x	x	x	x	x	x	x
502000 Medical Center–Arlington		x	x	x	x	x	x	x	x

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
660000 HEALTHSOUTH Rehab Hospital–Arlington		x		x		x		x	
690000 Kindred Hospital–Tarrant County		x	x	x	x	x		x	
730001 Texas Health Heart & Vascular Hospital		x	x	x	x	x	x	x	x
765001 Millwood Hospital		x		x		x		x	
799001 USMD Hospital–Arlington		x		x		x		x	
831800 Kindred Rehabilitation Hospital Arlington		x		x		x	x	x	
936000 Baylor Orthopedic and Spine Hospital–Arlington		x		x		x		x	
Aspermont									
666000 Stonewall Memorial Hospital		*		*		*		*	
Athens									
374000 East Texas Medical Center–Athens		x		x		x		x	
Atlanta									
131000 Atlanta Memorial Hospital		*		*		*		*	
Aubrey									
873200 Emerus Hospital		***		x^{OC}		x^{OC}		x^{OC}	
Austin									
000100 Austin State Hospital		x	x	x	x	x	x	x	x
000119 UTMB Austin Womens Hospital		x		x		x		x	
035000 St Davids Hospital		x		x		x		x	
335000 University Medical Center–Brackenridge		x	x	x	x	x	x	x	x
497000 Seton Medical Center		x	x	x	x	x	x	x	x
602000 St Davids South Austin Hospital		x		x		x		x	
622001 Texas NeuroRehab Center		x		x^{OC}		x		x	
649000 St Davids Rehab Center		x		x		x		x	
663000 HEALTHSOUTH Rehab Hospital–Austin		x		x		x		x	
700000 Cornerstone Hospital–Austin		x		x		x		x	x
739001 Texas NeuroRehab Center		x		x^{OC}		x		x	
770000 Seton Shoal Creek Hospital		x		x		x		x	
794000 Northwest Hills Surgical Hospital		x		x		x		x	
797500 Seton Southwest Hospital		x	x	x	x	x	x	x^{OC}	
797600 Seton Northwest Hospital		x	x	x	x	x	x	x^{OC}	
798500 Austin Surgical Hospital		x		x		x		x	
822800 Westlake Medical Center		x		x		x		x	
829000 Heart Hospital–Austin		x		x		x		x	
829900 North Austin Medical Center		x		x		x		x	
852000 Dell Childrens Medical Center		x	x	x	x	x	x	x^{OC}	
854400 Central Texas Rehab Hospital		x	x	x		x		x	x
855200 Austin Lakes Hospital		x		x		x		x^{OC}	
Azle									
469000 Texas Health Harris Methodist Hospital Azle		x	x	x	x	x	x	x	x
Ballinger									
234000 Ballinger Memorial Hospital District		*x^{lv}		*x^{lv}		*x^{lv}		*x^{lv}	
Bay City									
006000 Matagorda Regional Medical Center		x	x	x	x	x	x	x	x
006001 Matagorda Regional Medical Center		x^{lv}	x	x^{lv}	x	x^{lv}	x	x^{lv}	x
Baytown									
405000 San Jacinto Methodist Hospital		x		x		x^{OC}		x^{OC}	
405002 San Jacinto Methodist Hospital–Alexander Campus	405000								
720401 Kindred Hospital Baytown		x		x		x		x	
Beaumont									
389000 Baptist Hospitals of Southeast Texas		x		x		x		x	

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
389002 Baptist Hospitals of Southeast Texas Fannin Behavioral Ctr	389000								
444001 CHRISTUS St Elizabeth Hospital		x		x		x^{OC}		x^{OC}	
671000 HEALTHSOUTH Rehab Hospital–Beaumont		x		x		x		x	
708000 CHRISTUS Dubuis Hospital–Beaumont		x	x	x	x	x	x	x	
826500 Beaumont Bone & Joint Institute		***		***		***			
861900 Kate Dishman Rehab Hospital		x	x	x	x	x	x	x	
Bedford									
182000 Texas Health Harris Methodist HEB		x	x	x	x	x	x	x	x
182001 Texas Health Harris Methodist HEB	182000								
700003 Reliant Rehab Hospital Mid–Cities		x		x		x		x	x
778000 Texas Health Springwood Hospital		x	x	x	x	x	x	x	x
Beeville									
429001 CHRISTUS Spohn Hospital–Beeville		x		x		x		x	
Bellaire									
831900 Foundation Surgical Hospital		x		x		x		x	
840100 First Street Hospital		x		x		x		x	
Bellville									
552000 Bellville General Hospital		*		*		*		*	
Belton									
806002 Cedar Crest Hospital		x		x		x		x	
Big Lake									
343000 Reagan Memorial Hospital		*		*		*		*	
Big Spring									
000101 Big Spring State Hospital		x	x	x	x	x	x	x	x
221000 Scenic Mountain Medical Center		x		x		x		x	
Bonham									
106001 Red River Regional Hospital		x		x		x		x	
Borger									
654000 Golden Plains Community Hospital		x		x		x		x	
Bowie									
440000 Bowie Memorial Hospital		*		*		*		*	
Brady									
362000 Heart of Texas Healthcare System		*		*		*		*	
Breckenridge									
430000 Stephens Memorial Hospital		*		*		*		*	
Brenham									
066000 Scott & White Hospital–Brenham		x		x		x		x	
Bridgeport									
868700 North Texas Community Hospital		x		x		x		x	
Brownfield									
078000 Brownfield Regional Medical Center		*		*		*		*	
Brownsville									
019000 Valley Regional Medical Center		x		x		x		x	
314001 Valley Baptist Medical Center–Brownsville		x		x		x		x	
314002 Valley Baptist Medical Center–Brownsville Psych Unit	314001								
724900 Brownsville Doctors Hospital		x		x		x		x	
821100 South Texas Rehab Hospital		x		x		x		x	
847500 Solara Hospital–Brownsville Campus		x		x		x		x	
Brownwood									
058000 Brownwood Regional Medical Center		x		x		x		x	
Bryan									
002001 St Joseph Regional Health Center		x	x	x	x	x	x	x	x

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
002002 St Joseph Regional Rehab Center	002001								
717500 Physicians Centre Hospital		x		x		x	x	x	
864800 CHRISTUS Dubuis Hospital–Bryan		x^{lv}	x	x^{lv}	x	x^{lv}	x	x	
Burnet									
559000 Seton Highland Lakes Hospital		x	x	x	x	x	x	x	x
Caldwell									
679000 Burleson St Joseph Health Center–Caldwell		x	x	x	x	x	x	x	x
Cameron									
665000 Central Texas Hospital		x		x		x		x	
Canadian									
457000 Hemphill County Hospital		*		*		*		*	
Carrizo Springs									
156000 Dimmit Regional Hospital		*		*		*		*	
Carrollton									
042000 Baylor Medical Center at Carrollton		x	x	x	x	x	x	x	x
Carthage									
484000 East Texas Medical Center–Carthage		x		x		x^{OC}		x	
Cedar Park									
858300 Cedar Park Regional Medical Center		x		x		x		x	
Center									
860500 Shelby Regional Medical Center		x		x		x		x	
Channelview									
720400 Kindred Hospital East Houston		x		x		x		x	x
Childress									
026000 Childress Regional Medical Center		x		*		*		*	
Chillicothe									
523000 Chillicothe Hospital		*		*		*		*	
Clarksville									
292000 East Texas Medical Center–Clarksville		x		x		x^{OC}		x	
Cleburne									
323000 Texas Health Harris Methodist Hospital Cleburne		x	x	x	x	x	x	x	x
Cleveland									
108000 Cleveland Regional Medical Center		x		x		x		x	
840400 Doctors Diagnostic Hospital		x		x		x		x	
Clifton									
070000 Goodall–Witcher Healthcare Foundation		*		*		*		*	
Coleman									
049000 Coleman County Medical Center		*		*		*		*	
College Station									
071000 College Station Medical Center		x		x		x		x	
Colorado City									
075000 Mitchell County Hospital		x		x		x		x	
Columbus									
014000 Columbus Community Hospital		*		*		*		*	
Comanche									
495001 Comanche County Medical Center		x		x		x		x	
Commerce									
087000 Hunt Regional Community Hospital		x		x^{OC}		x		x	
Conroe									
100087 Montgomery County Mental Health Treatment Facility First reports 2nd quarter 2011				x^{lv}		x		x	
508001 Conroe Regional Medical Center		x		x^{OC}		x^{OC}		x^{OC}	

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
695000 HEALTHSOUTH Rehab Hospital The Woodlands		x		x		x		x	
854100 Solara Hospital Conroe		x		x		x		x	
915000 Aspire Behavioral Health–Conroe		x		x		x		x	
Corpus Christi									
398000 CHRISTUS Spohn Hospital Corpus Christi		x		x		x		x	
398001 CHRISTUS Spohn Hospital Corpus Christi–Shoreline		x		x		x		x	
398002 CHRISTUS Spohn Hospital Corpus Christi–South		x		x		x		x	
488000 Driscoll Childrens Hospital		x		x^{OC}		x^{OC}		x	
699000 Corpus Christi Specialty Hospital		x^{lv}		x		x		x	
703000 Corpus Christi Medical Center–Bay Area		x	x	x	x	x		x	
703002 Corpus Christi Medical Center–Doctors Regional		x	x	x	x	x		x	
703003 Corpus Christi Medical Center–Heart Hospital		x	x	x	x	x		x	
704004 Corpus Christi Medical Center–Northwest		x	x	x	x	x		x	
716500 Padre Behavioral Hospital Last reports 3rd quarter 2011		x	x	x		x			
797001 Dubuis Hospital–Corpus Christi		x	x	x	x	x	x	x	
804100 Kindred Hospital–Corpus Christi		x		x		x		x	
931000 South Texas Surgical Hospital		x		x		x		x	
Corsicana									
141000 Navarro Regional Hospital		x		x		x		x	
Crane									
467000 Crane Memorial Hospital		*		*		*		*	
Crockett									
185000 East Texas Medical Center–Crockett		x		x		x^{OC}		x	
Crosbyton									
176000 Crosbyton Clinic Hospital		*		*		*		*	
Cuero									
074000 Cuero Community Hospital		*		*		*		*	
Cypress									
114100 Lone Star Behavioral Health Cypress First reports 4th quarter 2011								x^{lv}	
843200 North Cypress Medical Center		x		x		x		x	
Dalhart									
262000 Coon Memorial Hospital & Home		*		*		*		*	
Dallas									
008001 Baylor Medical Center at Uptown		x		x		x		x	
028000 Kindred Hospital–Dallas		x	x	x	x	x		x	
054000 Texas Scottish Rite Hospital for Children		*		*		*		*	
142000 Methodist Charlton Medical Center		x		x		x		x	
143000 Childrens Medical Center–Dallas		x		x		x		x	
255000 Methodist Dallas Medical Center		x		x		x		x	
331000 Baylor University Medical Center		x	x	x	x	x	x	x	x
340000 Medical City Dallas Hospital		x	x	x	x	x	x	x	x
431000 Texas Health Presbyterian Hospital Dallas		x	x	x	x	x	x	x	x
448001 UT Southwestern University Hospital–St Paul		x		x		x	x	x	
449000 Dallas Medical Center		x		x^{OC}		x		x	
474000 Parkland Memorial Hospital		x	x	x	x	x	x	x	x
511000 Doctors Hospital–White Rock Lake		x		x		x		x	
586000 Baylor Specialty Hospital		x		x		x		x	

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
642000 Baylor Institute for Rehab		x		x		x	x	x	
653001 UT Southwestern University Hospital–Zale Lipshy		x		x		x	x	x	
661001 Texas Specialty Hospital–Dallas		x[OC]		OC		x[OC]		x[OC]	
672000 Select Specialty Hospital–Dallas		x	x	x		x	x	x	
680001 Reliant Rehab Hospital Dallas		x[OC]		x[OC]		x	x	x	x
710000 Our Childrens House Baylor		x		x		x		x	
717000 LifeCare Hospital–Dallas		x		x		x		x	
719400 Kindred Hospital–White Rock		x	x	x	x	x	x	x	
752000 Timberlawn Mental Health System		x		x		x		x	
766000 Green Oaks Hospital		x	x	x	x	x	x	x	x
784400 Baylor Heart & Vascular Center		x		x		x		x	
813100 Texas Institute for Surgery–Texas Health Presbyterian–D		x[lv]		x[lv]		x[lv]		x[lv]	
818200 Pine Creek Medical Center		x		x		x		x	
839100 Vibra Specialty Hospital		x[OC]		x[OC]		x		x	
860600 North Central Surgical Center		x		x		x		x	
862000 Methodist Rehab Hospital		x		x		x		x	
872100 Global Rehab		x		x		x		x	
900000 Forest Park Medical Center		x		x		x		x	
908000 South Hampton Community Hospital		x		x		x		x	
914000 Kindred Hospital Dallas Central		x		x		x	x	x	
De Soto									
785900 Select Specialty Hospital–South Dallas		x		x		x	x	x	
837800 Hickory Trail Hospital		x	x	x	x	x	x	x	x
Decatur									
254000 Wise Regional Health System		x[OC]		x[OC]		x[OC]		x[OC]	
254001 Wise Regional Health System		x[OC]		x[OC]		x[OC]		x	x
Del Rio									
462000 Val Verde Regional Medical Center		x		x		x		x	
Denison									
847000 Texoma Medical Center		x	x	x	x	x	x	x	x
847001 Reba McEntire Center–Rehab	847000								
864600 Carrus Specialty Hospital		x[lv]		x[lv]		x[lv]		x[lv]	x
Denton									
336001 Denton Regional Medical Center		x	x	x	x	x	x	x	x
816500 North Texas Hospital		x		x		x[OC]		x[OC]	
820800 Texas Health Presbyterian Hospital–Denton		x	x	x	x	x	x	x	x
826800 University Behavioral Health–Denton		x		x		x		x	
831700 Mayhill Hospital		x		x		x		x	
844200 Integrity Transitional Hospital		x		x		x		x	
847200 Atrium Medical Center–Corinth		x		x		x		x	
871500 Select Rehab Hospital–Denton		x		x		x		x	
Denver City									
485000 Yoakum County Hospital		*		*		*		*	
Dilley									
803000 Community General Hospital Dilley Texas		x		x		x[OC]		x[OC]	
Dimmitt									
260000 Plains Memorial Hospital		*		*		*		*	
Dumas									
199000 Memorial Hospital		*x		*x		*x		*x	
Eagle Lake									
560000 Rice Medical Center		x		x		x		x	

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
Eagle Pass									
547001 Fort Duncan Regional Medical Center		x		x	x	x		x	
Eastland									
222000 Eastland Memorial Hospital		*		*		*		*	
Eden									
202000 Concho County Hospital		*		*		*		*	
Edinburg									
140002 Edinburg Regional Medical Center		x		x		x		x	
797100 Doctors Hospital–Renaissance		x		x		x		x	
797101 Womens Hospital–Renaissance	797100								
797102 Behavioral Medicine–Renaissance	797100								
797103 Rehab Center at Renaissance	797100								
802004 South Texas Behavioral Health Center	802001								
830000 Cornerstone Regional Hospital		x		x		x		x	
816301 Solara Hospital		x		x		x^{lv}		x	
Edna									
017000 Jackson Healthcare Center		*		*		*		*	
El Campo									
426000 El Campo Memorial Hospital		x		x		x		x	
El Paso									
000118 El Paso Psychiatric Center		x^{lv}	x	x	x	x	x	x	x
130000 Providence Memorial Hospital		x		x		x		x	
180000 Las Palmas Medical Center		x		x		x		x	
180001 Las Palmas Rehab Hospital	180000								
263000 University Medical Center of El Paso		x	x	x	x	x	x	x	x
266000 Sierra Medical Center		x		x		x		x	
319000 Del Sol Medical Center		x		x		x		x	
701000 Mesa Hills Specialty Hospital		x^{OC}		x		x		x	
718002 Highlands Regional Rehab Hospital		x		x		x		x	
727100 Kindred Hospital El Paso		x		x		x		x	x
728200 El Paso Specialty Hospital		x		x		x		x	
801300 East El Paso Physicians Medical Center		x		x		x		x	
841300 El Paso LTAC Hospital		x		x		x		x^{OC}	
858600 University Behavioral Health–El Paso		x		x		x		x	
865000 Sierra Providence East Medical Center		x		x		x		x	
Eldorado									
136000 Schleicher County Medical Center		x^{lv}		x^{lv}		x^{lv}		x^{lv}	
Electra									
490000 Electra Memorial Hospital		x^{lv}		x^{lv}		x^{lv}		x^{lv}	
Ennis									
714500 Ennis Regional Medical Center		x	x	x		x		x	
Fairfield									
401000 East Texas Medical Center–Fairfield		x		x		x^{OC}		x	
Floresville									
433000 Connally Memorial Medical Center		x		x		x		x	
Flower Mound									
100082 Continuum Rehabilitation Hospital North Texas		x^{lv}		x		x		x	
943000 Texas Health Presbyterian Hospital Flower Mound		x		x		x		x	
Fort Stockton									
356000 Pecos County Memorial Hospital		*		*		*		*	
Fort Worth									
047000 Huguley Memorial Medical Center		x	x	x	x	x	x	x	x

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
235000 Texas Health Harris Methodist Hospital–Fort Worth		x	x	x	x	x	x	x	x
332000 Cook Childrens Medical Center		x	x	x	x	x	x	x	x
363000 Baylor All Saints Medical Center–Fort Worth		x	x	x	x	x	x	x	x
363001 Baylor Medical Center–Southwest Fort Worth		x	x	x	x	x	x	x	x
409000 John Peter Smith Hospital		x	x	x	x	x	x	x	x
477000 Plaza Medical Center–Fort Worth		x	x	x	x	x	x	x	x
627000 Texas Health Harris Methodist Hospital–Southwest Fort Worth		x	x	x	x	x	x	x	x
652000 Texas Health Specialty Hospital–Fort Worth		x^{lv}	x	x^{lv}	x	x^{lv}	x	x^{lv}	x
659000 HEALTHSOUTH Rehab Hospital		x		x		x		x	
662000 HEALTHSOUTH City View Rehab Hospital		x		x		x		x	
690600 LifeCare Hospital–Fort Worth		x		x		x		x	
800000 Kindred Hospital–Tarrant County		x	x	x	x	x	x	x	
800700 Kindred Hospital–Fort Worth		x	x	x	x	x	x	x	
804500 Baylor Surgical Hospital–Fort Worth		x		x		x		x	
839200 Regency Hospital–Fort Worth		x		x		x		x	
861400 USMD Hospital Fort Worth		x		x		x		x	
873800 Global Rehab–Fort Worth		x		x		x		x	
902200 Texas Rehabilitation Hospital–Fort Worth First reports 3rd quarter 2011						x		x	
Fredericksburg									
219000 Hill Country Memorial Hospital		x^{OC}		x^{OC}		x^{OC}		x	x
Friona									
200000 Parmer Medical Center		*		*		*		*	
Frisco									
100093 Baylor Institute for Rehab Frisco		x		x		x	x	x	
787400 Baylor Medical Center–Frisco		x	x	x	x	x		x	
806300 Centennial Medical Center		x		x		x		x	
Gainesville									
298000 North Texas Medical Center		x^{OC}		*x^{OC}		*		*	
Galveston									
000102 UT Medical Branch Hospital		x		x		x		x	
247000 Shriners Hospital for Children-Galveston First reports 3rd quarter 2011						x^{OC}		x	
Garland									
027000 Baylor Medical Center–Garland		x	x	x	x	x	x	x	x
359002 Vista Hospital–Dallas Last reports 2nd quarter 2011		x^{Nlv}		x^{lv}					
Gatesville									
346000 Coryell Memorial Hospital		x		x		x	x	x	
Georgetown									
835700 St Davids Georgetown Hospital		x		x		x		x	
Gilmer									
806800 East Texas Medical Center–Gilmer		x		x		x^{OC}		x	
Glen Rose									
059000 Glen Rose Medical Center		*		*		*		*	
Gonzales									
103000 Memorial Hospital		*		*		*		*	
Graham									
094000 Graham Regional Medical Center		*		*		*		*	
Granbury									
424000 Lake Granbury Medical Center		x		x		x		x^{OC}	

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
Grand Prairie									
115100 Texas General Hospital First reports 4th quarter 2011								***	
Grand Saline									
138000 Cozby–Germany Hospital		x		x		OC		OC	
Grapevine									
513000 Baylor Regional Medical Center–Grapevine		x		x		x		x	
858200 Ethicus Hospital DFW		x		x		x		x	
Greenville									
085000 Hunt Regional Medical Center Greenville		x		x^{OC}		x		x	
754000 Glen Oaks Hospital		x		x		x		x	
Groesbeck									
052000 Limestone Medical Center		*		*		*		*	
Groves									
907000 Renaissance Hospital–Groves		x		x		x		x	
Hallettsville									
527000 Lavaca Medical Center		*		*		*		*	
Hamilton									
640000 Hamilton General Hospital		*		*		*		*	
Hamlin									
305000 Hamlin Memorial Hospital		*		*		*		*	
Harlingen									
000104 Rio Grande State Center		x	x	x	x	x	x	x	x
400000 Valley Baptist Medical Center		x^{OC}		x		x		x^{OC}	
788002 Harlingen Medical Center		x		x		x		x	x
840700 Solara Hospital Harlingen		x		x		x		x	
Haskell									
572000 Haskell Memorial Hospital		*		*		*		*	
Hemphill									
522000 Sabine County Hospital		x		x		x		x	
Henderson									
248000 East Texas Medical Center Henderson		x^{OC}		x^{OC}		x^{OC}		x^{OC}	
Henrietta									
193000 Clay County Memorial Hospital		*		*		*		*	
Hereford									
420000 Hereford Regional Medical Center		*		*		*		*	
Hillsboro									
383000 Hill Regional Hospital		x		x		x		x	
Hondo									
427000 Medina Regional Hospital		*		*		*		*	
Houston									
000105 UT MD Anderson Cancer Center		x		x		x		x	
000115 Harris County Psychiatric Center		x		x		x		x	
007000 Womans Hospital–Texas		x^{OC}		x^{OC}		x		x	
030000 Doctors Hospital–Tidwell		x^{OC}		x		x		x	
112100 Healthsouth Rehabilitation Hospital of Cypress First reports 4th quarter 2011								x	
117000 Texas Childrens Hospital		x		x		x		x	
117002 Texas Childrens Hospital West Campus First reports 2nd quarter 2011				x		x^{lv}		x	
118000 St Lukes Episcopal Hospital		x	x	x	x	x	x	x	x
119000 Memorial Hermann Southeast Hospital		x		x		x		x	

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
124000 Methodist Hospital		x		x		x		x	
124001 West Pavillion	124000								
164000 TIRR Memorial Hermann		x		x		x		x	
172000 Memorial Hermann Northwest Hospital		x		x		x		x	
206003 Select Specialty Hospital–Houston Heights		x		x		x	x	x	
206004 Select Specialty Hospital–Houston West		x		x		x	x	x	
206005 Select Specialty Hospital–Houston Medical Center		x		x		x	x	x	
229000 Houston Northwest Medical Center		x		x		x		x	
302000 Memorial Hermann Memorial City Medical Center		x		x		x		x	
337001 West Houston Medical Center		x		x		x		x	
347000 Memorial Hermann Hospital		x		x		x		x	
384000 Lyndon B Johnson General Hospital		x		x		x		x	
390000 Park Plaza Hospital		x		x		x		x	
407000 Memorial Hermann Southwest Hospital		x		x		x		x	
421000 Spring Branch Medical Center		***		***		x		x^{OC}	
458001 East Houston Regional Medical Center		x^{OC}		x		x^{OC}		x^{OC}	
459000 Ben Taub General Hospital		x		x		x		x	
459001 Quentin Mease Community Hospital		x		x		x		x	
460000 Riverside General Hospital		x		x		x		x	
526000 Shriners Hospitals For Children First reports 3rd quarter 2011						x^{OC}		x	
606000 Cypress Fairbanks Medical Center		x		x		x		x	
646000 HEALTHSOUTH Hospital–Houston Last reports 2nd quarter 2011		x		x					
674000 TOPS Surgical Specialty Hospital		x		x		x		x	
676000 Kindred Hospital–Houston Medical Center		x		x		x		x	
678000 Kindred Hospital Midtown		x^{lv}		x		x^{lv}		x^{lv}	x
690001 St Michaels Hospital Last reports 3rd quarter 2011		OC		x^{lv}		***			
698005 Cornerstone Hospital Houston–Bellaire		x		x		x		x	x
706000 Kindred Hospital Houston NW		x^{OC}		x^{OC}		x^{OC}		x	x
712500 HealthBridge Childrens Hospital–Houston		x^{OC}		x		x		x	
713400 Kindred Hospital North Houston		x		x		x		x	
715001 Texas Specialty Hospital–Houston		x^{lv}		x^{lv}		x^{lv}	x	OC	
724700 Methodist Willowbrook Hospital		x	x	x	x	x	x	x	x
740000 St Lukes Hospital at the Vintage		x	x	x	x	x	x	x	x
744001 Cypress Creek Hospital		x		x		x		x	
755001 West Oaks Hospital		x		x		x		x	
758000 Houston Hospital for Specialized Surgery		x^{lv}		x^{lv}		x^{lv}		x^{lv}	
762001 IntraCare Medical Center Hospital		x		x		x		x	
763000 Plaza Specialty Hospital		x		x		x		x	
782001 Intracare North Hospital		x		x		x		x	
792000 Texas Orthopedic Hospital		x^{OC}		x		x		x	
792600 Kindred Hospital Spring		x		x		x	x	x	x
792702 Kindred Hospital Town & Country		x		x		x	x	x	x
794200 Menninger Clinic		x		x		x		x	
800010 Methodist West Houston Hospital		x^{OC}		x^{OC}		x^{OC}		x^{OC}	
807000 CHRISTUS Dubuis Hospital–Houston		x	x	x^{lv}	x	x^{lv}	x	x	
838400 Memorial Hermann Rehab Hospital Katy		x		x		x		x	
838600 St Joseph Medical Center		x	x	x		x	x	x	x
840200 University General Hospital		x	x	x	x	x	x	x	x
856300 Acuity Hospital–Houston Last reports 1st quarter 2011		x^{OC}							

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
909000 St Anthonys Hospital		x		x		x		x	
941000 Kindred Hospital The Heights		x		x		x		x	
956000 Westbury Community Hospital		x		x		x		x	
969200 Behavioral Hospital–Bellaire		x		x		x		x	x
Humble									
616000 HEALTHSOUTH Rehab Hospital Humble		x		x		x		x	
847100 Memorial Hermann Northeast		x		x		x		x	
865900 Icon Hospital		x		x		x		x	
901100 Humble Surgical Hospital		x[lv]		x[lv]		x[lv]		x[lv]	
Huntsville									
061000 Huntsville Memorial Hospital		x		x		x		x	
Hurst									
812300 Southwest Surgical Hospital		x[lv]		x		x		x	
850200 Cook Childrens Northeast Hospital		x[OC]		x[OC]		x[OC]		x[OC]	
Iraan									
258000 Iraan General Hospital		*		*		*		*	
Irving									
300000 Baylor Medical Center–Irving		x	x	x	x	x	x	x	x
799500 Irving Coppell Surgical Hospital		x		x		x		x	
814000 Las Colinas Medical Center		x	x	x	x	x	x	x	x
Jacksboro									
046000 Faith Community Hospital		*		*		*		*	
Jacksonville									
416000 East Texas Medical Center–Jacksonville		x		x		x[OC]		x	
725400 Mother Frances Hospital–Jacksonville		x		x		x		x	
Jasper									
038001 CHRISTUS Jasper Memorial Hospital		x		x		x[OC]		x[OC]	
Jourdanton									
334002 South Texas Regional Medical Center		x		x		x		x[OC]	
Junction									
205000 Kimble Hospital		x		x[lv]		x[lv]		x[lv]	
Katy									
534001 Memorial Hermann Katy Hospital		x		x		x		x	
715901 CHRISTUS St Catherine Hospital		x		x		x		x	x
Kaufman									
303000 Texas Health Presbyterian Hospital–Kaufman		x	x	x	x	x	x	x	x
Kenedy									
357000 Otto Kaiser Memorial Hospital		*		*		*		*	
Kermit									
062000 Winkler County Memorial Hospital		x[lv]		x		x		x	
Kerrville									
000106 Kerrville State Hospital		x[lv]	x	x	x	x[lv]	x	x[lv]	x
406000 Peterson Regional Medical Center		x		x		x		x	
Kilgore									
031001 Allegiance Specialty Hospital–Kilgore		x		x[OC]		x		x	
Killeen									
397001 Metroplex Hospital		x		x		x		x	
397002 Metroplex Pavilion	397001								
Kingsville									
216001 CHRISTUS Spohn Hospital–Kleberg		x		x		x		x	
Kingwood									
675000 Kingwood Medical Center		x[OC]		x[OC]		x[OC]		x[OC]	
813800 Memorial Hermann Specialty Hospital Kingwood		x[lv]		x[OC]		x[lv]		x[lv]	

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
818600 Kingwood Pines Hospital		x		x		x		x	
Knox City									
568000 Knox County Hospital		*		*		*		*	
Kyle									
921000 Seton Medical Center Hays		x	x	x	x	x	x	x	x
La Grange									
823400 St Marks Medical Center		x		x		x		x	
Lake Jackson									
436000 Brazosport Regional Health System		x		x		x		x	
Lamesa									
341000 Medical Arts Hospital		*		*		*		*	
Lampasas									
397000 Rollins Brooks Community Hospital		x		x		x		x	
Laredo									
207001 Laredo Medical Center		x		x	x	x	x	x	
301000 Doctors Hospital–Laredo		x		x		x		x	
804400 Providence Hospital	301000								
836300 Laredo Specialty Hospital		x	x	x		x		x	
League City									
718000 Devereux Texas Treatment Network		x		x		x		x	
Levelland									
307000 Covenant Hospital–Levelland		x		x		x		x	
Lewisville									
394000 Medical Center–Lewisville		x	x	x	x	x	x	x	x
Liberty									
089001 Liberty–Dayton Regional Medical Center		x		x		x		x	
Linden									
822100 Good Shepherd Medical Center–Linden		x		x		x	x	x	x
Littlefield									
217000 Lamb Healthcare Center		*		*		*		*	
Livingston									
466000 Memorial Medical Center–Livingston		x		x		x		x	
Llano									
476000 Scott & White Hospital Llano		x		x		x		x	
Lockney									
010000 WJ Mangold Memorial Hospial		*		*		*		*	
Longview									
029000 Good Shepherd Medical Center		x		x		x	x	x	x
106100 Audubon Behavioral Healthcare of Longview First reports 4th quarter 2011								x^{lv}	x
525000 Longview Regional Medical Center		x		x		x		x	
794600 Select Specialty Hospital–Longview		x		x		x	x	x	
944000 Behavioral Hospital Longview		x		x		x		x	
Lubbock									
013001 Grace Medical Center		x		x		x		x	
109000 Covenant Medical Center–Lakeside		x		x		x		x	
145000 University Medical Center		x	x	x	x	x	x	x	x
465000 Covenant Medical Center		x		x		x		x	
686000 Covenant Childrens Hospital		x		x		x		x	
786001 Southwest Regional Specialty Hospital		x		x^{lv}		x^{lv}		x^{lv}	
801500 Lubbock Heart Hospital		x^{N}		x^{N}		x^{N}		x^{N}	
804000 Sunrise Canyon		x		x		x		x	
846200 Covenant Specialty Hospital		x		x		x		x	
865800 Trustpoint Hospital		x^{N}		x^{N}		x^{N}		x^{N}	

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
940000 Texas Specialty Hospital Lubbock		x^{lv}		x^{lv}		x		x	
Lufkin									
107100 Audubon Behavioral Healthcare of Lufkin First reports 4th quarter 2011								x^{lv}	
129000 Memorial Medical Center East Texas		x		x		x		x	
481000 Woodland Heights Medical Center		x		x		x		x	
691000 Memorial Specialty Hospital		x		x		x		x	
Luling									
597000 Seton Edgar B Davis Hospital		x	x	x	x	x	x	x	x
848200 Warm Springs Specialty Hospital–Luling		x		x		x		x	
Madisonville									
041000 Madison St Joseph Health Center		x	x	x	x	x	x	x	x
Mansfield									
657000 Kindred Hospital–Mansfield		x	x	x	x	x		x	
842800 Methodist Mansfield Medical Center		x		x		x		x	
Marlin									
517000 Falls Community Hospital & Clinic		*		*		*		*	
Marshall									
020000 Good Shepherd Medical Center–Marshall		x	x	x	x	x	x	x	x
McAllen									
601000 Rio Grande Regional Hospital		x		x		x		x	
802001 McAllen Medical Center		x		x		x		x	
802003 McAllen Heart Hospital	802001								
816300 Solara Hospital		x		x		x		x	
821001 LifeCare Hospital–South Texas–South		x		x		x		x	
821002 LifeCare Hospitals–South Texas–North		x		x		x		x	
McCamey									
240000 McCamey Hospital		*		*		*		*	
McKinney									
246000 Columbia Medical Center–McKinney		x		x		x	x	x	
246001 Medical Center McKinney–Wysong Campus	246000								
922000 The Hospital at Craig Ranch		x		x		x^{OC}		x	
937000 Methodist McKinney Hospital		x		x		x		x	
Mesquite									
315003 Dallas Regional Medical Center		x^{OC}		x^{OC}		x^{OC}		x^{OC}	
670001 Mesquite Rehab Hospital		x		x		x		x	
840000 Mesquite Specialty Hospital		x		x	x	x		x	
Mexia									
505000 Parkview Regional Hospital		x		x		x		x	
Midland									
452000 Midland Memorial Hospital		x		x	x	x		x	
452002 Midland Memorial Hospital–West Campus	452000								
693000 HEALTHSOUTH Rehab Hospital– Midland/Odessa		x		x		x		x	
789900 Select Specialty Hospital–Midland		x		x		x		x	
874500 BCA Permian Basin		x		x		x		x	
924000 Allegiance Health Center Permian Basin		x		x		x		x	
Mineral Wells									
034000 Palo Pinto General Hospital		x		x		x		x	
Mission									
370000 Mission Regional Medical Center		x^{OC}		x		x		x	
Missouri City									
609001 Memorial Hermann Sugar Land		x		x		x		x	

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
Monahans									
468000 Ward Memorial Hospital		*		*		*		*	
Morton									
159000 Cochran Memorial Hospital		*		*		*		*	
Mount Pleasant									
137000 Titus Regional Medical Center		*		*		*		*	
Mount Vernon									
282000 East Texas Medical Center–Mount Vernon		x		x		x^{OC}		x	
Muenster									
365000 Muenster Memorial Hospital		*		*		*		*	
Muleshoe									
631000 Muleshoe Area Medical Center		*		*		*		*	
Nacogdoches									
392000 Nacogdoches Medical Center		x		x		x		x	
478000 Nacogdoches Memorial Hospital		x		x		x^{OC}		x	
478001 Cecil R Bomar Rehab Center	478000								
Nassau Bay									
600001 CHRISTUS St John Hospital		x		x		x		x	
Navasota									
728800 Grimes St Joseph Health Center		x	x	x	x	x	x	x	x
Nederland									
127000 Mid-Jefferson Extended Care Hospital First reports 3rd quarter 2011						x^{lv}		x	
New Braunfels									
124100 Warm Springs Specialty Hospital New Braunfels First reports 4th quarter 2011								x	
786200 New Braunfels Regional Rehab Hospital First reports 3rd quarter 2011						x^{lv}		x	
851800 Hill Country Specialty Hospital Last reports 3rd quarter 2011		x		x		x			
863300 CHRISTUS Santa Rosa Hospital New Braunfels		x		x		x^{OC}		x	
Nocona									
348000 Nocona General Hospital		*		*		*		*	
Odessa									
181000 Medical Center Hospital		x		x		x		x	
425000 Odessa Regional Medical Center		x		x		x		x	
791001 Regency Hospital–Odessa		x		x		x	x	x	
938000 Basin Healthcare Center		x		x		x		x	
Olney									
294000 Hamilton Hospital		*		*		*		*	
Orange									
121000 Memorial Hermann Baptist Orange Hospital		x		x		x		x	
851400 Harbor Hospital–Southeast Texas		x		x		x		x	
Palacios									
574001 Palacios Community Medical Center		x^{OC}		x		x		x	
Palestine									
629001 Palestine Regional Medical Center		x		x		x		x	
629002 Palestine Regional Medical Center Rehab & Psych Campus	629001								
Pampa									
832900 Pampa Regional Medical Center		x		x		x^{OC}		x^{OC}	
Paris									
095002 Paris Regional Medical Center South Campus		x		x		x		x	

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
095003 Paris Regional Medical Center North Campus	095002								
787500 Dubuis Hospital–Paris		x	x	x	x	x^{lv}	x	x	
Pasadena									
349001 Bayshore Medical Center		x^{OC}		x		x^{OC}		x^{OC}	
694100 Surgery Specialty Hospitals of America–Southeast Houston		x^{lv}		x^{lv}		x		x^{lv}	
801000 Kindred Hospital Bay Area		x	x	x	x	x	x	x	
846100 St Lukes Patients Medical Center		x		x		x		x	
Pearsall									
441000 Frio Regional Hospital		*		*		*		*	
Pecos									
367000 Reeves County Hospital		*		*		*		*	
Perryton									
098000 Ochiltree General Hospital		*		*		*		*	
Pittsburg									
438000 East Texas Medical Center–Pittsburg		x		x		x^{OC}		x	
Plainview									
146000 Covenant Hospital–Plainview		x		x		x		x	
816001 Allegiance Behavioral Health Center–Plainview		x^{lv}		x		x		x	
Plano									
143001 Childrens Medical Center Legacy		x		x		x		x	
214000 Medical Center–Plano		x	x	x	x	x	x	x	x
664000 Texas Health Presbyterian Hospital–Plano		x	x	x	x	x	x	x	x
670000 HEALTHSOUTH Plano Rehab Hospital		x		x	x	x	x	x	x
720000 Texas Health Seay Behavioral Health Center		x	x	x	x	x	x	x	x
789800 LifeCare Hospital–Plano		x	x	x	x	x	x	x	x
805000 Plano Specialty Hospital		x		x		x		x	
814001 Baylor Regional Medical Center–Plano		x	x	x	x	x	x	x	x
815300 Texas Health Center–Diagnostics & Surgery Plano		x		x		x		x	
844000 Heart Hospital Baylor Plano		x		x	x	x		x	
Port Arthur									
299001 CHRISTUS Hospital–St Mary		x^{OC}		x^{OC}		x^{OC}		x^{OC}	
464002 Medical Center–Southeast Texas		x	x	x		x		x	
708001 CHRISTUS Dubuis Hospital–Port Arthur		x^{lv}	x	x^{lv}	x	x^{lv}	x	x^{lv}	
792100 Promise Specialty Hospital–Southeast Texas Last reports 3rd quarter 2011		x		x		x^{lv}			
Port Lavaca									
487000 Memorial Medical Center		*		*		*		*	
Quanah									
102000 Hardeman County Memorial Hospital		*		*		*		*	
Quitman									
411000 East Texas Medical Center–Quitman		x		x		x^{OC}		x	
Rankin									
290000 Rankin County Hospital District		*		*		*		*	
Refugio									
368000 Refugio County Memorial Hospital District		*		*		*		*	
Richardson									
549000 Methodist Richardson Medical Center		x		x	x	x		x	
549001 Bush Renner		***		***		***		***	
861300 Reliant Rehab Hospital North Texas		x		x^{OC}		x	x	x	x
Richland Hills									
437000 North Hills Hospital		x	x	x	x	x	x	x	x

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
Richmond									
230000 Oakbend Medical Center		x		x		x		x	
230001 Oakbend Medical Center		x		x		x		x	
Rio Grande City									
393000 Starr County Memorial Hospital		x		x		x		x	
Rockdale									
369000 Richards Memorial Hospital		x		x		x		x	
Rockwall									
859900 Texas Health Presbyterian Hospital–Rockwall		x		x		x		x	
Rotan									
355000 Fisher County Hospital District		*		*		*		*	
Round Rock									
608000 Round Rock Medical Center		x		x		x		x	
852600 Scott & White Hospital Round Rock		x		x		x		x	
861700 Seton Medical Center Williamson		x	x	x	x	x	x	x^{OC}	
866100 Reliant Rehab Hospital Central Texas		x		x^{OC}		x	x	x	x
Rowlett									
625000 Lake Pointe Medical Center		x		x		x		x	
Rusk									
000107 Rusk State Hospital		x	x	x	x	x	x	x	x
San Angelo									
056000 San Angelo Community Medical Center		x		x		x		x	
168000 Shannon West Texas Memorial Hospital		x		x		x		x	
445000 Shannon Medical Center–St Johns Campus	168000								
747000 River Crest Hospital		x		x		x^{OC}		x	
San Antonio									
000108 Texas Center for Infectious Disease		x^{lv}		x^{lv}		x^{lv}		x^{lv}	
000110 San Antonio State Hospital		x	x	x	x	x	x	x	x
081001 Mission Trail Baptist Hospital		x		x		x		x	
114001 Baptist Medical Center		x		x		x		x	
134001 Northeast Baptist Hospital		x		x		x		x	
154000 Methodist Hospital		x		x^{OC}		x^{OC}		x	
154001 Methodist Specialty & Transplant Hospital		x		x		x		x^{OC}	
154002 Northeast Methodist Hospital		x		x		x		x	
154003 Methodist Texsan Hospital		x		x		x		x	
158000 University Hospital		x		x		x		x	
228001 Southwest General Hospital		x		x		x		x	
283000 Metropolitan Methodist Hospital		x		x		x		x	
339000 CHRISTUS Santa Rosa Hospital		x		x		x^{OC}		x	
339001 CHRISTUS Santa Rosa Medical Center		x		x		x^{OC}		x	
339002 CHRISTUS Santa Rosa Hospital–Westover Hills		x		x		x^{OC}		x	
396001 Nix Specialty Health Center	396002								
396002 Nix Health Care System		x		x		x	x	x	
503001 St Lukes Baptist Hospital		x		x		x		x	
634000 CHRISTUS Santa Rosa Childrens Hospital		x		x		x^{OC}		x	
636000 HEALTHSOUTH Rehab Institute–San Antonio		x		x		x		x	
645000 Kindred Hospital–San Antonio		x		x		x		x	
677001 North Central Baptist Hospital		x		x		x		x	
681001 Methodist Ambulatory Surgery Hospital–Northwest		x		x^{OC}		x^{OC}		x	
702001 Acuity Hospital South Texas		x^{lv}		x		x		x	
719300 Select Specialty Hospital–San Antonio		x		x		x	x	x	

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
723001 Laurel Ridge Treatment Center		x		x		x		x	x
737000 Clarity Child Guidance Center		x		x		x		x	
786800 South Texas Spine & Surgical Hospital		x		x	x	x		x	
799200 Promise Hospital–San Antonio		x^{lv}		x^{OC}		x^{lv}		x^{lv}	
815000 LifeCare Hospital–San Antonio		x		x		x		x	
820600 Innova Hospital–San Antonio		x		x		x		x	
844600 Warm Springs Rehab Hospital–San Antonio		x		x		x		x	
852100 Foundation Bariatric Hospital–San Antonio		x		x		x		x	
874100 Methodist Stone Oak Hospital		x		x		x		x	
939000 GlobalRehab Hospital–San Antonio		x		x		x		x	
San Augustine									
072000 Memorial Medical Center–San Augustine		x		x		x		x	
San Marcos									
556000 Central Texas Medical Center		x		x		x		x	
Seguin									
155000 Guadalupe Regional Medical Center		x		x		x		x	
Seminole									
113000 Memorial Hospital		*		*		*		*	
Seymour									
546000 Seymour Hospital		*		*		*		*	
Shamrock									
571000 Shamrock General Hospital		*		*		*		*	
Shenandoah									
795000 Nexus Specialty Hospital Shenandoah Campus		x		x		x		x	
873700 Reliant Rehab Hospital North Houston		x		x		x		x	x
Sherman									
100076 Heritage Park Surgical Hospital		x^{lv}		x^{lv}		x		x	
297000 Texas Health Presbyterian Hospital – WNJ		x		x		x		x	
847002 Texoma Medical Center Behavioral Health Center	847000								
875300 Lifelong Independence and Fitness Enrichment Center Last reports 2nd quarter 2011		x^{OC}		x^{OC}					
957000 Carrus Rehab Hospital		x		x		x	x	x	x
Smithville									
385000 Smithville Regional Hospital Last reports 2nd quarter 2011		x		x					
424500 Seton Smithville Regional Hospital First reports 3rd quarter 2011						x		x	
Snyder									
439000 Cogdell Memorial Hospital		*		*		*		*	
Sonora									
147000 Lillian M Hudspeth Memorial Hospital		*x		*x^{lv}		*x^{lv}		*x^{lv}	
Southlake									
812800 Texas Health Harris Methodist Hospital Southlake		x		x		x		x	
Spearman									
395000 Hansford County Hospital		*		*		*		*	
Spring									
945500 Victory Medical Center Houston First reports 3rd quarter 2011						x^{lv}		x	
Stafford									
874000 Atrium Medical Center		x		x		x		x	
Stamford									
043000 Stamford Memorial Hospital		*		*		*		*	

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
Stanton									
388000 Martin County Hospital District		*		*		*		*	
Stephenville									
256000 Texas Health Harris Methodist Hospital–Stephenville		x	x	x	x	x	x	x	x
Sugar Land									
790500 Sugar Land Surgical Hospital		x		x		x		x	
792700 Kindred Hospital Sugar Land		x		x		x	x	x	x
823000 Methodist Sugar Land Hospital		x		x		x	x	x	x
869700 St Lukes Sugar Land Hospital		x	x	x	x	x	x	x	x
916000 Emerus Hospital		x^{OC}		x^{OC}		x^{OC}		x^{OC}	
969000 HEALTHSOUTH Sugar Land Rehab Hospital		x		x		x^{OC}		x	
Sulphur Springs									
280000 Hopkins County Memorial Hospital		*		*		*		*	
Sunnyvale									
919000 Texas Regional Medical Center Sunnyvale		x		x^{OC}		x^{OC}		x	
Sweeny									
178000 Sweeny Community Hospital		x		x		x		x	
Sweetwater									
471000 Rolling Plains Memorial Hospital		*		*		*		*	
Tahoka									
192000 Lynn County Hospital District		*		*		*		*	
Taylor									
044000 Scott & White Hospital Taylor		x		x		x		x	
Temple									
186000 Kings Daughters Hospital Scott & White Healthcare Last reports 3rd quarter 2011		***		***		***			
537000 Scott & White Memorial Hospital		x		x		x		x	
537001 Scott & White Santa Fe Center	537000								
537002 Scott & White Pavilion	537000								
537003 Scott & White Memorial Hospital–SNF		x		x		x		x	
537005 Scott & White Memorial Hospital–Psych		x^{lv}		x		x		x	
537006 Childrens Hospital Scott & White Healthcare First reports 4th quarter 2011								x	
850300 Scott & White Continuing Care		x		x		x		x	
Terrell									
000111 Terrell State Hospital		x	x	x	x	x	x	x	x
848600 Renaissance Hospital Terrell		x		x		x		x	
Texarkana									
144000 Wadley Regional Medical Center		x		x		x		x	
684000 HEALTHSOUTH Rehab Hospital–Texarkana		x		x		x		x	
713001 CHRISTUS St Michael Rehab Hospital		x		x		x		x	
788001 CHRISTUS St Michael Health System		x		x		x	x	x	x
822000 Dubuis Hospital–Texarkana		x	x	x	x	x	x	x	
847600 Dubuis Hospital–Texarkana–Wadley		x	x	x	x	x	x	x	
Texas City									
793000 Mainland Medical Center		x^{OC}		x^{OC}		x^{OC}		x^{OC}	
The Woodlands									
615000 Memorial Hermann The Woodlands Hospital		x		x		x		x	
793100 St Lukes The Woodlands Hospital		x	x	x	x	x	x	x	x
795001 Nexus Specialty Hospital		x^{lv}		x^{lv}		x^{OC}		x^{lv}	
923000 St Lukes Lakeside Hospital		x	x	x	x	x	x	x	x

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
Throckmorton									
428000 Throckmorton County Memorial Hospital		*		*		*		*	
Tomball									
076000 Tomball Regional Medical Center		x^{OC}		x^{OC}		x^{OC}		x^{OC}	
792601 Kindred Hospital Tomball		x		x	x	x	x	x	x
Trinity									
287000 East Texas Medical Center–Trinity		x		x		x^{OC}		x	
Trophy Club									
805100 Baylor Medical Center Trophy Club		x		x^{OC}		x		x	
Tulia									
273000 Swisher Memorial Hospital		*		*		*		*	
Tyler									
000112 UT Health Center–Tyler		x		x		x		x	
286000 Mother Frances Hospital		x		x		x		x	
410000 East Texas Medical Center		x		x		x^{OC}		x	
410001 East Texas Medical Center Behavioral Health Center	410000								
692000 Trinity Mother Frances Rehab Hospital		x		x		x		x	
777000 East Texas Medical Center Specialty Hospital		x		x		x^{OC}		x	
790200 Texas Spine & Joint Hospital		x		x		x		x	
799000 East Texas Medical Center Rehab Hospital		x		x		x^{OC}		x	
806500 Tyler Continue Care Hospital		x		x		x		x	
Uvalde									
063000 Uvalde Memorial Hospital		x		x		x		x^{OC}	
Van Horn									
139000 Culberson Hospital		x^{lv}		x^{lv}		x^{lv}		x^{lv}	
Vernon									
000113 North Texas State Hospital–Vernon	000114								
084000 Wilbarger General Hospital		*		*		*		*	
Victoria									
064000 Citizens Medical Center		x		x		x		x	
453000 DeTar Hospital–Navarro		x	x	x	x	x	x	x	x
453001 DeTar Hospital–North	453000								
812000 Kindred Hospital Victoria		x		x		x		x	x
848100 Warm Springs Specialty Hospital–Victoria		x		x		x		x	
Waco									
000117 Waco Center for Youth		x^{lv}	x	x	x	x^{lv}	x	x^{lv}	x
040000 Providence Health Center		x		x		x		x^{OC}	
506000 Hillcrest Baptist Medical Center		x		x		x		x	
506001 Hillcrest Baptist Medical Center	506000								
736000 DePaul Center		x^{OC}		x		x		x^{OC}	
Waxahachie									
285000 Baylor Medical Center–Waxahachie		x	x	x	x	x	x	x	x
Weatherford									
844800 Weatherford Regional Medical Center		x		x^{OC}		x		x	
Webster									
212000 Clear Lake Regional Medical Center		x		x		x		x	
680000 Kindred Rehab Hospital Clear Lake		x		x		x		x	
698004 Cornerstone Hospital Houston–Clear Lake		x		x		x		x	x
720402 Kindred Hospital Clear Lake		x		x		x		x	x
822001 Houston Physicians Hospital		x		x		x		x	

	Reports With	1Q11	With Comment	2Q11	With Comment	3Q11	With Comment	4Q11	With Comment
Weimar									
005000 Colorado–Fayette Medical Center		*		*		*		*	
Wellington									
195000 Collingsworth General Hospital		x		x		x		x	
Weslaco									
480000 Knapp Medical Center		x		x	x	x		x	
808500 Weslaco Rehab Hospital		x		x		x^{OC}		x^{OC}	
Wharton									
833000 Gulf Coast Medical Center		x		x		x		x	
Wheeler									
116000 Parkview Hospital		*		*		*		*	
Whitney									
161000 Lake Whitney Medical Center		x		x		x		x	
Wichita Falls									
000114 North Texas State Hospital		x	x	x	x	x	x	x	x
417000 United Regional Health Care System		x		x		x		x	
681400 Kell West Regional Hospital		x		x		x		x	
685000 HEALTHSOUTH Rehab Hospital–Wichita Falls		x		x		x		x	
709001 Red River Hospital		x		x		x		x	x
820002 Texas Specialty Hospital–Wichita Falls		x^{OC}		x		x	x	x	x
Winnie									
781400 Winnie Community Hospital		*		*		*		*	
Winnsboro									
446001 Mother Frances Hospital Winnsboro		x		x		x		x	x
Winters									
151000 North Runnels Hospital		*		*		*		*	
Woodville									
569000 Tyler County Hospital		*		*		*		*	
Yoakum									
023000 Yoakum Community Hospital		x	x	x	x	x^{OC}		x	x
Total exempt hospitals		85		87		87		87	
Total exempt hospitals voluntarily reporting		3		4		3		3	
Total hospitals not in compliance. No data submitted		1		2		1		2	
Total hospitals with discharges reported by another hospital		32		31		31		30	
Total reporting		558		558		561		564	

Note: Hospitals that report discharge data with another hospital are so indicated in the 'Reports With' column.

  C Closed, no data submitted.

C^{N} Closed, data not certified.

^{NC} Certification comments not submitted to DSHS.

OC Not in compliance for this quarter. No data submitted.

  x Hospital submitted and certified data, submitted comments.

x^{lv} Hospital with fewer than fifty discharges in the quarter. The hospital IDs for these hospitals have been changed to '999999' in the Public Use Data File, but their comments are listed under their actual THCIC ID. Other changes to the patient records for these hospitals are indicated in the 'Data Dictionary'.

x^N Hospital elected not to certify data.

x^{OC} Hospital did not certify data. Not in compliance for this quarter.

* Exempt hospital. Includes those located in a county with a population less than 35,000, or those located in a county with a population more than 35,000 and with fewer than 100 licensed hospital beds and not located in an area that is delineated as an urbanized area by the United States Bureau of the Census (Section 108.0025). Also includes hospitals that do not seek insurance payment or government reimbursement (Section 108.009).

*** No discharges for this quarter.